STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20 DATE OF DEATH 26 HOUR (TYPE OR PRINT) 935 TRENCE & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS. 17 1913 Male Caucasian Jan. 69 TO BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland WIDOWED TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR IF NOT IN SUCH EACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE ASTON MEMORIAL Waterman AUSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130 STATE
130 COUNTY
131, CITY OR TOWN 13e. STREET ADDRESS Talbot Neavitt YES X Long Point Road Md 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST Harrison Ball Danie! Carol Mary 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 166 SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) 215-26-4048 Mary L. Ball Neavitt. No Md. 18 CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: OR AS A CONSEQUENCE OF LUNG CARCINOMA METASTATIC Conditions, if any, which gave rise to immediate cause (a), stoting the underlying couse ELLULITIS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO NO F nol-transit 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED

21f. LOCATION

MEDICAL

COUNTY

STATE

Md

sow the deceased alive an. abave, (1) (we) (did) (did nat) view the body after death 225. SIGNATURE

236 DATE

21e PLACE OF INJURY

(AT HOME STREET, FACTORY OFFICE FARM ETC.)

DEGREE ATTENDING

PHYSICIAN DIRECTOR PHYSICIAN

STAFF

22d. PHYSICIAN'S NAME ITYPE

230 BURIAL, CREMATION, REMOVAL

WHILE NOT WHILE

22a.1 certify tha (1) (this hospital) attended the deceased from

23c NAME OF CEMETERY OR CREMATORY

Neavitt

Talbot

22c DATE SIGNED

Buria 24 FUNERAL DIRECTOR DHMH - 16 50M 1/B NAME

MPORTANT

(VRA 15, 4)

Newnam Funeral Home

Easton, Md. 21601

Neavitt Cemetery

and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated

CITY OR TOWN

REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Testal Testal The state of the s

	1	FOR - STATE REGISTRAR	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE 8 2	0 2 5 8 4
(NA)		ECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	OAY YEAR 26. HOUR
B A VI		Madeli	٠.	8eckingham	01	02 82 2:50 PM
or 4 mc	3 5		RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
irector ours of	1		Caucasian	NOV 11 1896	85 YRS	
72 ho	7 70.	BIRTHPLACE STATE OR FOREIGN 7 COUNTRY)	b. CITIZEN OF WHAT COUNTI	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUN	TY OF DEATH
dop-	/ N	ew Jersey	U.S.A.	WIDOWED DIVORCED SING HOME OR OTHER INSTITUTION	Talbot 12a. USUAL OCCUPATION	MD. 126. KIND OF BUSINESS OR
370	0	Easton	House In The	REET AODRESS) 2 Pines	(TYPE OF WORK FOR MOST OF WORKING	
t pe	7 USU	JAL RESIDENCE (IF NURSING HOME OR C STATE 136 COUNT	TY 130 CITY OR TO	FORE ADMISSION) OWN 13d. INSIDE CITY LIMITS?	4	
10		N.J. Esse		lwell YES NO [490 Mountai	n Avenue
THI.	14. F	ATHER'S NAME FIRST M	IDDLE LAST	15 MOTHER'S MAIDEN N	NAME	LAST
8	/	William He	enry Fitze			Miller
medicol		WAS DECEASED EVER IN U.S. ARM [YES, NO OR UNKNOWN] IF YES, GIVE	MED FORCES? 166 SOCIAL SI	ECURITY NO. 17. INFORMANT	R.D. RESS4,	Box 709 C
E 3		No	154-26	-3867 Joyce A.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
y injury, or other troumotic	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSECUTION OF THE PROPERTY OF	agia		
18 shows on	TIFICA	176. DATE OF OFERATION	170. CONDITION FOR WAI	CH OPERATION WAS PERFORMED	IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
or Hem 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	JRRED (ENTER NATURE OF INJURY IN ITEM II	8. PART I OR PART 2)
norked or #	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	211 LOCATION	CITY OR TOWN	COUNTY STATE
n 21 is mo		22a. I certify that (1) (this hospital sow the deceased alive on above, (1) (we) (did) (did not)	10		n deoth occurred on the date and h	, 19, that (I) (we) lost our and Irom the causes stated
MAPORTANT: If Herr		27d PHYSICIAN'S NAME ITYPE OR	Sett mo	DEGREE ATTENDING PHYSICIAN 270. ADDRESS Easton	MEDICAL STAFF DIRECTOR DHYSICIAN D	114/82
4 × ×	230.	BURIAL, CREMATION, REMOVAL		3c. NAME OF CEMETERY OR CREMATORY	23d LOCATION	
		Burial		r. Order Cemete		roline Md
A 2/80		UNERAL DIRECTOR NAME NEWNAM Funera	1 Home ADDRES	Saston, Md.		STR (R.) SIGNATURE

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 1. DECEASED NAME 20. DATE OF DEATH MONTH (TYPE OR PRIN 4 RACE 3. SEX 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHOAY) MONTH YEAR Male Caucasian APRIL 1905 76 To. BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Tllingis WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER/INSTITUTION (TYPE OF WORK FOR MOST OF WORKING LIFE) School Teacher USUAL RESIDENCE (IF NURSING 130 STATE Talbot 13c. CITY OR TOWN 13e STREET ADDRESS 13d INSIDE CITY LIMITS? 407 Pin Oak Way NO [Easton 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE EIRST Earle David Franklvn Edna Bent ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT (IF YES, GIVE WAR OR DATES) LYES NO OR UNKNOWN 399-09-5276 Easton. No Marie N. Bent popel 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and so PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse PART 2. OTHER SIGNIFICAND CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 NO cance CERTIFICAT 201 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? ď sha 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21b. TIME OF INJURY 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 211 LOCATION 21e, PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN NOT WHILE 220.1 certify that (1) (this haspital) attended—the deceased from sow the deceased affive on, and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated

22b. SIGNATURE

above, (1) (we) (did) (did not) view the bady after death

23b. DATE

DEGREE

ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22c. DATE SIGN L

STATE

22d PHYSICIAN'S NAME (TYPE OF PRINT)

230 BURIAL, CREMATION, REMOVAL

22e. ADDRESS

STAFF

Buria1

1 - 11 - 8224 FUNERAL DIRECTOR

23c NAME OF CEMETERY OR CREMATORY Spring Hill Cem.

23d. LOCATION

Talbot Md

COUNTY

IF UNDER I YEAR

INDUSTRY

12b. KIND OF BUSINESS OR

Litsev

2 mins

Md APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

BP DHMH - 16 50M 1/B1 (VRA 15, 4)

should be with the S IMPORTA

Newnam Funeral Home

Easton, Md. 21601

FOR

- STATE

REGISTRAR

24. FUNERAL DIRECTOR

DHMH-16 30M 2/80 (VRA 15.4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

STATE

STATE

ACCUSED AND THE PROPERTY OF A TOTAL STREET, THE SALE.

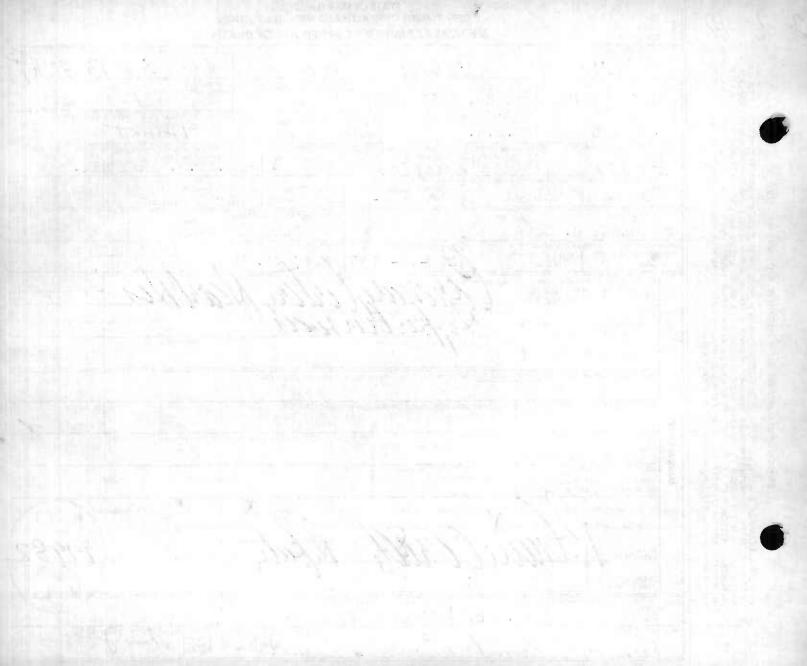
12	1.	FOR - STATE REGISTRAR	DEPAR		EALTH AND MENTAL HYGICATE OF DEATH	IENE REG. N	10.		
m.e		CEASED NAME FIRST	MIDDLE	0	AST	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR 50
800		Anno	a Elizabeth	132	yanT		1-1-	00	6 DM
4.50	3 SE	X	4 RACE	S. DATE C		6. AGE (IN YEARS LAST BI	RTHDAY) IF UN	DER I YEAR	HOURS MIN.
700	F	emale	Caucasian	Dec		69	YRS.		,,,,,,
(国)	Jul. B	IRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTR	Y? 8	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF	DEATH	
1 3S	M	aryland	U. S. A.	WIDOWE		Ta	lbot		MD.
11 1	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR.	SING HOME	OR OTHER INSTITUTION	12a USUAL OCCUPAT		2b. KIND OF NDUSTRY	BUSINESS OR
11 V2		Casion	Memor	1 1	Hospital	Teacher			ation
11 1	USU 13a		OR OTHER INSTITUTION GIVE RESIDENCE BEF	ORE ADMISSION)	136 INSIDE CITY LIMITS?	13e. STREET ADDRESS			
ampletely filled and 2 should the			oline Dento		YEST NO		renue		
ompletely ond 2 sh	_	ATHER'S NAME			15. MOTHER'S MAIDEN NAM	ME			
050	D	Marc	Bryant		Bessie	MIDDLE	Roc	hest	er
50 00		VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SE	CURITY NO.	17 INFORMANT	ADDR		11000	01
Pages		YES NO OR UNKNOWN) (IF YES G	INTERIOR DATES)	5511	Mrs. Jane	Runvan	ork P	enng	vlveni
vi o	-		only one cause per line for (a), (b),		A Carro	rearry corre	T	APPROXIM	AATE INTERVAL
enpoper event, th		PART I. DEATH WAS CAUS	ED BY:	1 Kal	lure			BETWEEN OF	NSEI AND DEATH
		IMMEDIA	ATE CAUSE (o)	4 1 00	1				,
ation, or a		0/65	DUE TO, OR AS A CONTRACT		gmi		- 5	10%	m,
trou		Conditions, if ony, which gove rise to immediate	(b)	1	77				1
l, cren		couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEC	WENCE OF			1-11/25		
5 6		DART O OTHER CICAHER AND	CONDITIONS CONTRIBUTING T	O DE ATU DUT	NOT BEL ATER TO THE TERM	in a pier de on cou	INFO COURT	L DARY 1	
r ta bu injury.	NO	PART 2 OTHER SIGNIFICANT	emere Subar	schno	al Heneroley	onthe (R)	hemiplege	W TAKE TO	
Danier.	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WE		
Hygiene 18 shows	E	180				YES NO	YES []	NO [
Hygi 18 sh	l iii	210. ACCIDENT WAS UNDERLYING		DAV VEAD	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJ	JRY IN ITEM 18 PART I	OR PART 2)	
Hem Hem	¥	OR CONTRIBUTING CAUSE OF DI	AIR	19					
2 5	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY		211 LOCATION	CITY OR TO	OWN	COUNTY	STATE
alth and marked	Σ	WHILE D HOLWHITE D	(AT HOME STREET, FACTORY, OFFIC	E, FARM, ETC }	1 SIREE!		Ç.	2	374.6
mar		22s.1 certify that (I) (this hosp	sital) attended the deceased from	2/200	191 19 8/	_, to		, 1	hot (1) (we) lost
of He		saw the deceased alse a		1 11	nd that in (my) (our) opinion o	death occurred on the o	late and hour and	d from the c	ouses stoted
hed hem hem		27h SIGNATURE	Or view the body offer death.	100	DEGREE,			22c. DATE,S	IGNED
= 0		(1)	MATINGOOD (1	-	MO ATTENDING PHYSICIAN F	MEDICAL STA		1/2	127
with the State		22d. PHYSICIAN'S NAME (TITE	ORIGINIS IN		22e ADDRESS	J DIRECTOR PHTSI	LIAIN	17	101-
ORT THE		/	100		FAST	NAM.			
should be det with the State IMPORTANT:	230	BURIAL, CREMATION, REMOVA	L 23b DATE 23	NAMEOFO	EMETERY OR CREMATORY	123d LOCATION			
	230	(SPECIFY)	1-1			CITY OR TOWN		UNITY	STATE
	24 &	Burial UMERAL DIRECTOR	1 -1 -1 -1		n Cemetery	Denton	Caroli REGISTRA		IRE
OM 1/81 5, 4)	1	NIOWOREF	UN BR BLADDRES	HON	NO DOMAJA	N 1 2 1982	rances 5	Jan 7	Enther!

STATE OF MARYLAND

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Q I ; I sal sal diministration of the second s Annal construct a controville a land mean care RE KOE , Le . U. F. - Le brason ope-30-3873 where ... capare, destroying, to. 22 up MENTE STREET STREET ない とう こうな そうときがん けんじゅん かんりょうしょ こくをおける Elebrata V. Senegold, L.D. Barton, Ld. 21561 Domini Jan. 14, 1982 (hesterniele Genetery Contreville, G.B.C., no. m .0000 January .. Marting ..., environable, ec. 21617 ... Language Company

10	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2	089
	REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
RS II,	I. DECEASED NAME FIRST MIDDLE LAST COOK 20. DATE KNOWN MONTH DAY OF ESTI-DEATH MATED X / 13	Y YEAR 26 HOURS
W. PRESTON STREET,	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 26. DATE MONTH DAY MO	Y YEAR 2d. HOURS
, 301 W. FRESIO		DEATH
8	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH SACILITY, GIVE STREET ADDRESS) 120. USUAL OCCUPATION (TYPE OF WORK 12b M.) FOR MOST OF WORKING LIFE)	KIND OF BUSINESS OR INDUSTRY
5	USUAL RESIDENCE IF IN NUITSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. STATE NARYLAND 136. GUNTYBOT 134. CITY OR DOWN NE 136. INSIDE (ITY LIMITS? YES NO IX MAPLE HALL	
0	H. FATHER'S NAME FIRST HENRY R. COOK LAST IS MOTHER'S MAIDEN NAME FIRST ALICE DONOVAN	LAST
L	160. WAS DECEASED EVER IN U.S. ARMED FORCES? (165. NO. OR UNKNOWN) (16 YES, GIVE WAR OR DATES)? WWII 160. GOCIAL SECURITY NO. 17. INFORMANT WWII ADDRESSE HALL 21.3-07-1.333 KIJCE/W. COOK CLAIDENE.	WARYLAND
CKEMATION, OR REMOVAL.	Canditions, if any, which gove rise to immediate cause (a) stating the underlying cause last. Canditions, if any, which (b) (b) (b) (b) (c) PART 2 DTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
2	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 216. EXTERNAL CAUSE WAS 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)	AUTOPSY?
3	UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19	1
	216. INJURY OCCURRED 216. INJURY OCCURRED WHILE NOT WHILE AT WORK 216. PLACE OF INJURY (AT HOME. STREET, FACTORY, FARM, ETC.) 216. INJURY OCCURRED 216. INJURY OCCURRED 216. INJURY (AT HOME. STREET) 217. LOCATION STREET CITY OR TOWN COUNTY	STATE
	228. I certify that I took observed the remains described above, held an Autopsy , Inspection , Inquiry , and in my apinion death resulted from Natural courses , Accident , Succide , Hamilia , Undetermined manner , THU SPECIEY , M.D. MEDICAL EXAMINER , DATE SIGNATURE ,	1-1982
2	EXAMINER'S NAME (TYPE OR PRINT)	
89	230. BURIAL CREMATION, REMOVAL 236. DATE JAN. 1.6, 1.981. MAPLE CEMETERY CLAIBORNE TALBOTT	19 19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
5))	24. FUNERAL DIRECTOR ADDRESS	CTOBE AND COM



Easton, Md

Newnam Funeral Home

STATE OF MARYLAND

E 925 E 13 TOLIGIE ANTONIA SETTINOSE ANTONIOSE Waster Hall

	1-	FOR STATE REGISTRAR		DEP	ARTMENT OF	E OF MARYLAND REALTH AND MENTAL HY ICATE OF DEATH	REG. N	0.	2 0	7 1
)			first Ffie	M.	_	VEY	1-30-82		DAY YEAR	950 950
	3. SE	Female	4	RACE White	5. DATE O		6. AGE (IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN
35		RTHPLACE (STATE OR FORE COUNTRY) Ceston, Mary		U.S.A.	MARRIE WIDOW	D NEVER MARRIED	9 BALTIMORE CITY C		OF DEATH	M
10		ty or town of DEATH Easton	1	1. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE HOUSE IN	The Pir	DR OTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Housewife	OF WORKING LIF		BUSINESS OF
35	13a. S	arvland	COUNT Carol			13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS Noble Ave	nue		
50	14. FA	THER'S NAME FIRST Edward T.		IDDLE LAS	51	15. MOTHER'S MAIDEN N FIRST Amanda	Rell Taylor		LAST	
2		VAS DECEASED EVER IN (ES, NO OR UNKNOWN) (28-2041	17 INFORMANT	C. Newcomb,		ryland 2 Ave., F	
		PART I. DEATH WAS	S CAUSED AMEDIATE which diote	DUE TO, OR AS A CONS	SEQUENCE OF	se. ace	at		10	AATE INTERVAL INSET AND DEATH
9	ERTIFICATION	PART 2. OTHER SIGNIF	or i	19b. CONDITION FOR W			200 AUTOPSY?	20b. IF YES	EN IN PART 110 S, WERE FINDIN EYING CAUSES	GS USED
9	MEDICAL CERTIF	21a. ACCIDENT WAS UNDERI OR CONTRIBUTING CAU (IF EITHER NOTIFY MEDICAL	JSE OF DEAT	P.M.	H DAY YEAR	21c. HOW INJURY OCCU	YES NO	YE PRY IN ITEM 18, P		но 🗌
	MEC	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, C		THE LOCATION STREET	CITY OR TO)WN	COUNTY	STATE
		sow the deceosed obove, (I) (we) (slid 22b. SIGNATURE	alive on_ (did not)	yiew the body olter death Carry	A- A	nd that in (my) (our) opinio DEGREE ATTENDING PHYSICIAN	on death accurred on the d	FF	r and from the c	
		22d. PHYSICIAN'S NAM	LE (TYPE OR	PRINT)		22e. ADDRESS				

BP. DHMH-16 30M 2/80 (VRA 15, 4)

LEUNERAL DIRECTOR

23a. BURIAL, CREMATION, REMOVAL (SPECIFY) 23b. DATE Burial Feb.

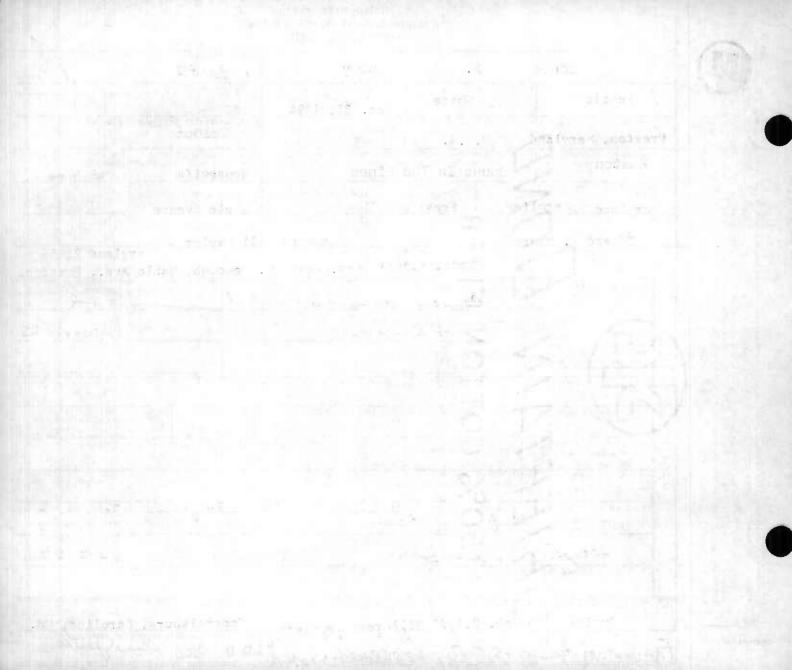
2,1982

23(NAME OF CEMETERY OR CREMATORY

23d LOCATION
CITY OF TOWN
Federalsburg,

Caroline, The DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

AMPTOM-HAWKINS



- STATE

REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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	mi labi	xqtr.,	
3045 Damiell Committee Court . L	03-0733 tru Dean.	212-	
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	1 -	FOR STATE REGISTRAR	DEP	STATE OF MAR ARTMENT OF HEALTH AI CERTIFICATE O	ND MENTAL HYGIE	NE 8 2	0 2	0 9 3
p oe 3		EASED NAME BIRST	der	Date of Birth	lo 1	AGE (IN YEARS LAST BIRTH	DAY YEAR DAY YEAR DAY FUNDER TYE MONTHS DAT	AR IF UNDER A THE
anthor 72		ETHPLACE SSIATE OFF DEEDN		MARRIED MEV VIDOWED OF OTHER	DIVORCED []	BALTIMORE CITY OR 20 USUAL OCCUPATIO	COUNTY OF DEATH	MD O OF BUSINESS OR
2 should be find	N	ATE AND A DO	+ alleuc	SETCHE ADMITSORI TOWN 134 PUSE YES 1		RELT ADDRESS	DX 184	· · · · ·
ion and comple		Unkn.	RMED FORCES? 166 SOCIAL VE WAR OR DATES)		sephera	ADDRES	150	iden
n signed by the attending physis. Then please remove carbonpopt to burial, cremation, ar remava injury, ar other traumatic event, t	NOI	RAT I. DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA Conditions, if only, which gove rise to immediate couse (a), storing the underlying couse lost. PART 2 OTHER SIGNIFICANT (Conditions)	DUE TO, OR AS A CONS	diversions EQUENCE OF EQUENCE OF ACCIMINA	myoff myoff O ll VED TO THE TERMIN	mgt aldisense or condi		OXIMATE INTERVAL EN ONSET AND PEATH
burial-tr Mental	MEDICAL CERTIFICATION	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	Turnor la 216. TIME OF INJURY HOUR A.M. MONTH	19 21f. LOC	V INJURY OCCURRED			NO [
DIRECTOR: After toched for use as toched for use as to bept, of Health a Hem 21 is market	V	WHILE NOT WHILE AT WORK 220.1 certify that (I) (this hour sow the deceased alive an above, (I) (**** (did) (did no 22b. SIGNATURE	ral) attended the deceased f	rom 12-26			e and hour and from the	that (1) (me) last he causes stated
should be with the St		22d PHYSICIAN'S NAME (1YPI 12. B	Sancher	22e ADD	PRESS	MUTCE D	EAST	TIN
16 50M 1/B1 2 RA 15, 4)		Removal NERAL DIRECTOR NAME Anatomy Bo	1/26/82	Balto., Mo	PER	CITY OR TOWN ECCID. BY REGISTRAR 24	EGISTRAPS SIGN	ATURE

De la Mile Times Let Messel #nrt.

7 - 7	1	FOR STATE REGISTRAR		DEPARTA	MENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO	0	2 0	9 4
M			istop	ther	AUG	rultue	L AGE INTERESTRATION	HONON PAY	S2	PUNDER MINES
rer draft From The Forman arred within 72 hours	1	Male MATYland TITY OR TOWN OF GEATH	75 CITIZEN OF	casian WHAT COUNTRY? S.A.	MARRIES	2 1907 NEVER MARRIED X D DIVORCED ROTHERINGTITUTION	74 P. BALTIMORE CITY O	ebo-	1	MD
t hours of ed in by the d be filed	USI	Zas for	1 POTUS	GIVE RESIDENCE BEFORE	ADMISSION)	13d INSIDE CITY LIMITS?	Teacher 13e. STREET ADDRESS	OF WORKING LIFE)	educa	Specia Lion
ed within		ATHER'S NAME Frank	$\overset{\scriptscriptstyleMIDDLE}{T}.$	Faulkn	er	yes NO X 15 MOTHER'S MAIDEN NA FRST Hannah	MIDDLE		592 Gortin	miller
ate be execusion and spers. Pages val.		WAS DECEASED EVER IN U.S. (YES. NO OR UNKNOWN) (IF YES 18 CAUSE OF DEATH Enter PART I. DEATH WAS CA	GIVE WAR OR DATES)		1923	Joseph M.	Benney, J			ille, l
that the death certific d by the attending phy lease remove corbango ial, cremation, ar remo ar ather traumatic even			DUE TO, O	(Acute R AS A CONSEQUE R AS A CONSEQUE		løgenores d	lipemen			
n. nas been signed permit. Then pl	CERTIFICATION	PART 2 OTHER SIGNIFICAL	troke	;	CHI	NOT RELATED TO THE TERM	INAL DISEASE OR CONE 200 AUTOPSY? YES \(\text{YES} \) NO \(\text{X} \)	20b. IF YES, W	VERE FINDING	GS USED DF DEATH?
G PHYSICIAN. The cartending physicio protecting the certificate if the build-frontal cand Mental Hygie ked or frem 18 sho	MEDICAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CHIEF THE NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED	DEATH HOUR A.	M. MONTH DA	19	21c. HOW INJURY OCCURE 21f. LOCATION STREET		RY IN ITEM 18, PART		STATE
DR ATTENDING haspital or off haspital or off haspital or off the far use as the fact of Health of the farm 21 is market		white NOT white 120.1 certify that (I) (this his saw the deceased alive above. (I) (we) (did) (girls 22b. SIGNATURE	on 1-1	190		d that in (my) (aur) apinion (, to	19, 19, ite and have a		
SPITAL OR The SPITAL OR THE SPITAL OR THE SPITAL DISTRIBUTION OF STORE DE S	-	224 PHYSICIAN'S NAME IT	ich		11	, / /	MEDICAL STAF DIRECTOR PHYSIC	F IAN [

DHMH - 16 50M 1/B1 (VRA 15, 4)

Newnam Funeral Home

Terry Detrich, M.D.

23b. DATE

1-22-82

230. BURIAL, CREMATION, REMOVAL Burial

24 FUNERAL DIRECTOR

Easton, Md. 21601

23c. NAME OF CEMETERY OR CREMATORY

Greenmount Cem.

Easton, Md.

21601

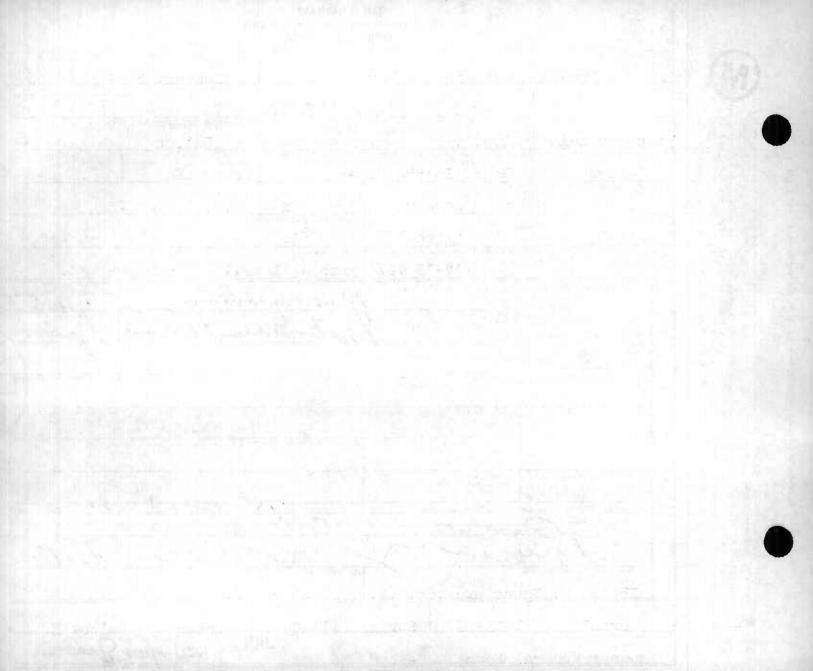
ATORY 73d LOCATION
CITY OR TOWN

M. Hillsboro Caroline
75d PATE RES D. BY BEGISTRAR 296 REGISTRAR 3 SIGNAMARE (A.A.) Md

STATE

DHMH-16 30M 2/80 (VRA 15, 4)

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ı	FOR STATE			DEPART		EALTH AND MENT		IENE O Z	3 6	. 0	,	.)
	REGISTRAR				CERTII	ICATE OF DEAT	н	REG. NO.				
	DECEASED NAME	FIRS1		AIDDLE		LAST		20 DATE OF DEATH MONTH	DAY	YEAR	2b. HOL	UR
		Arnnie	Brow	ning	Fer	nandes		January 2	1 1	982	10.	55R
3.	SEX		4 RACE		5. DATE	OF BIRTH		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDE	ER I YEAR	IF UNDER	
L	Fema1	e	Cauca	sian	Oct		0.7	74 YRS.	MON1HS	DAYS	HOURS	MIN.
70	BIRTHPLACE (ST.			WHAT COUNTRY?	8.			9 BALTIMORE CITY OR COUNT	Y OF DE	ATH		
W	est Vir	ginia	U.S.	Α.	WIDOW	D NEVER MARR		Talbot				MD
	CITY OR TOWN		11. NAME OF H	OSPITAL, NURSIN	NG HOME	OR OTHER INSTITUTE		12a USUAL OCCUPATION			F BUSIN	
	Easton	1		e in th		nes		Housewife	IFE) INC	DUSTRY		
Ų	SUAL RESIDENCE		OTHER INSTITUTION,	GIVE RESIDENCE BEFOR	E ADMISSION)							
1	Md.	Tal		Cordov		13d. INSIDE CITY LI	-	R.D. 1. Box	26			
14	FATHER'S NAME				a	15. MOTHER'S MAI	-	ME	20			
1	Joseph	M	AIDDLE	Ferre1	1	Effi	6	WIDDIE	R	TAS	ste	r
16	o. WAS DECEASED	EVER IN U.S. ARA	AED FORCES?	16b. SOCIAL SECU		17 INFORMANT		ADDRESS		W VV	2001	No.
	NO OR UNKNOV	(IF YES, GIVE	WAR OR DATES)	220-32-	7874	Ruth J.	Lo	vell Cord	0772	. M	d.	
F		DEATH (Enter onl	V 000 COURS DOS	line for (a), (b), an		A A	ПО	VCII OOIG			MATE INTE	RVAL
	PART I. DEA	ATH WAS CAUSED	BY:	mie (0/ (0/, (b/, 0/	(C)	Pulnagno	n	edena	-		OD	
	Un	IMMEDIATI	E CAUSE (a)			1		/ / /		9	vo.	->
В	Conditions, if	7	DUE TO, OF	R AS A CONSEOU	ENCE OF	hunestere.	wie 1	Lem t disen	ce	1/4	0 111	20
П	gove rise to	immediate	(p)—		- 1	The same				4	<u>u</u>	
Г	couse (a), underlying	cause lost.		R AS A CONSEOU	ENCE OF	,						
L	PART 2 OTHER	R SIGNIFICANT C	ONDITIONS CO	NITRIBUTING TO	DEATH BUT	NOT BELATED TO T	ME TERM	INAL DISEASE OR CONDITION G	N/E N I IN I	DART 1/		_
1 3		N SIGNIFICATIVE	ONDINONS <u>CC</u>	NATION NO TO	DEATH BOT	NOT KELATED TO T	HE LEKM	INAL DISEASE OR CONDITION G	AEIA IIA I	PARI I	,	
	I 190 DATE OF O	PERATION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED)	20a AUTOPSY? 20b. IF YI	S, WER	E FINDIN	NGS USE	D
	=								IFYING (CAUSES	OF DEA	
1	190 DATE OF O	AS UNDERLYING	216. TIME O			21c HOW INJURY	OCCURR	RED (ENTER NATURE OF INJURY IN ITEM 18		PART 2)	140	
		G CAUSE OF DEAT		M. MONTH D						-		
1 3	OR CONTRIBUTION (IF EITHER NOTIF	CURRED	21e. PLACE (19	211 LOCATION						
1	A MILE	NOT WHILE	(AT HOME, STR	EET, FACTORY, OFFICE, I	FARM, ETC)	STREET		CITY OR TOWN	co	YTAUC		STATE
ı		not (I) (this hospit	ol) attended the	decensed from		10	7	5-1-21	10 (82	tho!	······································
	sow thed	eceosed alive on.)	19	, 0	nd that in (my) lour)	apinion d	death accurred on the date and ha	ur ond f		-	-/
ı	226. SIGN ATUR	we did and not	view the body	ofter death.		DEGREE			1 22	DATE	SIGNED	-
П	0	1/2	10 c	~	1	ATTEN		MEDICAL STAFF	3	1/2	1/	2-
ł	226 PHYSICIAN	YS NAME (TIPE OF	Head :		X	17# ADDRESS	CIAM	DIRECTOR PHYSICIAN		71	10	-
-					6/2	No. Tale Linear						
+	The second secon	as W. F		STATE OF THE PARTY	M.D.	East		Md.				
1"	M. BURIAL CREMAT	ILIN, REMOVAL	23b. DATE		NAME OF C	EMETERY OR CREM.	ALORY	234 LOCATION CITY OR TOWN	COUN	Ev.		STATE:
1	Buri:	31	11-25-	82 5	prin		em.	Easton		1bo	t Mo	d
1	I. FUNERAL DIRECT	OK		ADDRESS			250. DAT	RREC'D. BY REGISTRAR 251 REGIS	HAR C	MISNAT	Mars	See.
L	Newnar	n Funer	al Hom	e Ea	ston	Md.		1007		A .	100	Million.



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STATE OF MARYLAND

DEPARTM	ENT	OF HE	ALTH	AND	MENTAL	HYGIENE
	CER	TIFIC	ATE	OF	DEATH	

1 - STATE REGISTRAR	DEPARTI	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	
1 DECEASED NAME FIRST	MIDDLE G.	Folker	20. DATE OF DEATH MONTH	4-82 10:30 M
Female /	Cau.	5. DATE OF BIRTH 11-25-15 YEAR	6. AGE (IN YEARS LAST BIRTHDAY) 66 YRS	MONTHS DATS HOURS MIN.
78. BIRTHPLACE (STATE OR FOREIGN Md .	76 CITIZEN OF WHAT COUNTRY?	MARRIED MEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUN	TY OF DEATH
Easton	MEMO YIR HOSK	pital at Eastor	(TYPE OF WORK FOR MOST OF WORKING HOUSewife	12b. KIND OF BUSINESS OR INDUSTRY
USUAL RESIDENCE (IF NURSING HOME 130 STATE Md.	OR OTHER INSTITUTION, GIVE RESIDENCE BEYOR UNITY A. HENGERS		13e. STREET ADDRESS Ell Downes	Rd.
William Br	ruenning LAST	15. MOTHER'S MAIDEN NA	me hilda Kueble	LAST
160. WAS DECEASED EVER IN U.S. A (YES NO OR UNKNOWN) (IFYES. C	GIVE WAR OR DATES!	-8867 Bernard F.	ADDRESS Folker He	nderson, Md.
PART I. DEATH WAS CAUS	only one couse per line for (a), (b), on SED BY. IATE CAUSE (a)	1 6 1.	Trans	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Conditions, If any, which gove rise to immediate couse 101, stating the underlying cause lost.	DUE TO, OR AS A CONSEQUI	elyed arterios	cliberis	
PART 2. OTHER SIGNIFICANT	t conditions <u>contributing to 1</u>	DEATH BUT NOT RELATED TO THE TERM	tinal disease or condition o	GIVEN IN PART 110
190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CER	/ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \ NO \

RTIFIC,	12/30/81	vascular insul.	(e) lo,		IN CERTIFYING CAUSE	
CAL CE	2) a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	Z) c. HOW INJURY OCCURRE	D (ENTER NATURE OF INJURY	IN ITEM 18 PART I OR PART 2)	
MEDI	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE FARM ETC.)	21f. LOCATION STREET	CITY OR TOW	n COUNTY	STATE
	27a I certify that (I) (this hospital) sow the deceased alive on above, (I) (we) (did) (did not) vi	19	d that in (my) (our) opinion de	, to oth occurred on the dot	e and hour and from th	, that (I) (we) lo e couses stated

DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

ATTENDING

22d. PHYSICIAN'S NAME (TYPE OR PROUT) 22e ADDRESS rresti

1-7-82

23d LOCATION
CITY OR TOWN
Sudlersville 23c. NAME OF CEMETERY OR CREMATORY Sudlersville Cem.

MPORTANT: If Hem 21 is marked or Item 18 sha

DHMH - 16 50M 1/81 (VRA 15, 4)

BP

should be detached for use as the buriot-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled in the state Dept as the buriot-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled mapping to buriot, or removal.

ottending physician

njury, or ather troumatic event, the

230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

24 FUNERAL DIRECTO John Boulais Funeral Home

Greensboro,

Md.

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James H. Barton, Jr., Centreville, Md. 21617

(VRA 15, 4)

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	11 13 .EX	, controlling	10 3 55 .ñu

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by the funklould be detached for use as the burnal-transit permit. Then please remove carbonpapers. Pages 1 and 2 shauld be filed within with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

1/	STATE OF MARYLAND 1 - STATE STATE REGISTRAR STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.							
2		ECEASED NAME FIRST LE OR PRINT) A VON	MIDDLE 4. RACE	ardner 15. Date Of Birth	20. DATE OF DE	- 18-8	Y YEAR 26 HOUR AM	
BA	3. 31	male	13 KK		YEAR 63	MO	ONTHS DAYS HOURS MIN.	
4		STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARR	CED O	The of	MD.	
78	F	Easton	Memorial Ho	spital at Ea	C-TA-	MOST OF WORKING LIFE)	126. KIND OF BUSINESS OR INDUSTRY	
336	13o.	STATE 136 COUN	ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 13c. CITY OR TOW A Section			RESS		
2000	14. F.	Charles	MIDDLE Genda	15 MOTHER'S MA FIRST		DOLE HOL	(LAST	
medical			MED FORCES? 166 SOCIAL SECU		Thred	ADDRESS GO	vånes	
moval.		PART I. DE ATH WAS CAUSE	nly one couse per locator (a), (b), one ED BY: TE CAUSE (a)		erl		MINER OF THE PEATH	
ian, ar re iumatic e	V	1380 Conditions, if any, which	DUE TO, OR AS PONSEOUE	ENCE OF Urel	en		monte	
d, crematian	i.	gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OK 152 CONSEQUE	Thistened	Carerne	Maa	unsnone	
ra burial, injury, ar a	NO	PART 2. OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO I	HE TERMINAL DISEASE OR	CONDITION GIVEN	IN PART 1(o)	
ows any ir	CERTIFICATION	190 DATE OF OPERATION	10 (11	operation was performed	200 AUTOPSY YES NO	INCERTIFYII	WERE FINDINGS USED NG CAUSES OF DEATH?	
ental Hygiene Item 18 shaws		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		AY YEAR	OCCURRED (ENTER NATURE		T I OR PART 2)	
and M	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	211 LOCATION	Cil	Y OR TOWN	COUNTY STATE	
of Health 21 is marl		220.1 certify that (I) (this hospinsow the deceased dive on	ital) attended the deceased from	Condithat in (my) (par)	opinian death occurred on	the date and hour o	B 2, that (1) (we) last and from the causes stated	
te Dept.		27b. GIGN ATURE	Dody of the body of the death.	ATTEN PHYS	IDING MEDICAL	STAFF	177 PATE SIGNED	
with the State Dept. MPORTANT: If Item		221 PHYSICIAN'S NAME (THE	CHODE, HI	22e ADDRESS	TCHMANT	CAME	= 2169M	
3 ¥	230	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREM	ATORY 23d LOCATIO		COUNTY STATE	
2/80	24 F	UNERAL DIRECTOR	The Brokes	i une	JAN 25 198		Jan Harthan	

DHMH-16 30M 2/80 (VRA 15, 4)

BP.

etained by the hospital ar attending physician

AND THE RESERVE OF THE PARTY OF THE PARTY. the state of the s A STATE OF THE STA THE STATE OF THE PARTY OF THE STATE OF THE S and the second Resident Concernation of the said TEN NIL CONTRACTOR Separation of the second secon 1 25 (m 1 25 (m 1 25 (m 2 2

	Ŀ	FOR - STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFIC ATE OF DEATH	REG. NO.	02099
deorth		CEASED NAME FIRST E OR PRINT CHARLES	MIDDLE A RACE	JARRINGTON	20. DATE OF DEATH MO	-10-82 1249
MAI)	JE SE	Male	Cau.	5. DATE OF BIRTH MONTH DAY 1-20-07	6 AGE (IN YEARS LAST BIRTHDA	YRS. IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DATS HOURS MIN.
33		Md.	76 CITIZEN OF WHAT COUNTRY? U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR C	OUNTY OF DEATH
178	8	ASTON	11. NAME OF HOSPITAL, NURSIN HENOT IN SUCH FACILITY, GIVE STREET. MEMORIAL	HOSPITAL	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO Painter	DRKING LIFE) 126 KIND OF BUSINESS OR INDUSTRY House Pain
335	13a. :	Md. Caro	other institution give residence before 13t. CITY OR TOW Ridgely	N 13d. INSIDE CITY LIMITS? YES \(\text{NO} \) NO \(\text{X} \)		ox 24C
dst	H	arry Harringt		15 MOTHER'S MAIDEN N FIRST Lucy	AME MIDDLE Chance	LAST
medical		NAS DECEASED EVER IN U.S. AR/ YES, NO OR UNKNOWN) (IF YES, GIVI	WAR OR DATES	RITY NO. 17. INFORMANT 8398 Jennie Ha:	ADDRESS rrington F	Ridgely, Md.
tren please remove coroon to burial, cremation, ar rem njury, or other traumatic ev	NO	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)		MINAL DISEASE OR CONDITI	ON GIVEN IN PART 110
iene prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20 IN	IN IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
ond Mentol Hygie ked or them 18 sho	MEDICAL CER	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER) 216. INJURY OCCURRED WHILE NOTIMILE AT WORK AT WORK		19 211 LOCATION	RRED (ENTER NATURE OF INJURY IN	ITEM 18 PART I ORPART ?) COUNTY STATE
Nept. of Meoirr		A. 1. O.A.	or ottended the deceosed from 19 8	DEGREE	n deoth occurred on the dote o	19 8 , that (I) (we) lost and hour and from the couses stated 22c. DATE SIGNED
with the Stote Dept.		22d. PHYSICIAN'S NAME (TYPE OF	P. Carney, M.D.	ATTENDING PHYSICIAN 22e ADDRESS Easton, M	MEDICAL STAFF DIRECTOR PHYSICIAN d. 21601	1-11-81
3 &		Burial, CREMATION, REMOVAL	23b. DATE 23c N	irview Cen ter		Talbot Md.
50M 1/B1 5, 4)	2	UNERAL DIRECTOR E	wain the	eenslow	1 8 1982	III O MANAGE

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.					
	1 DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MON	TH DAY YEAR 26. HOUR				
	ITYPE OR PRINT) Ethe	1 E.	Harrington	January	17 1982 8:00P A				
1	3 SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY	IF UNDER 1 YEAR IF UNDER 24 HRS				
	Female	Caucasian	APRIL 4 1891	90	YRS. MONTHS DAYS HOURS MIN.				
2	78. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	TRY? 8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR CO	OUNTY OF DEATH				
/	New York	U.S.A.	WIDOWED DIVORCED		MC				
	10. CITY OR TOWN OF DEATH		JRSING HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	12b. KIND OF BUSINESS OR				
)	Easton	R.D. 2		Housewife	KING LIFE) INDUSTRY				
ė	USUAL RESIDENCE (IF NURSING HOME OF 136 STATE			S? 13e STREET ADDRESS					
7		bot East			Box 162				
	14 FATHER'S NAME		15 MOTHER'S MAIDE	NAME					
-	Frederick Hu	idson Ecke		MIDDLE	Harris				
-	160 WAS DECEASED EVER IN U.S. A		SECURITY NO. 17 INFORMANT	ADDRESS	Halls				
ľ	No (IF YES, GIVE WAR OR DATES) 215-44-5906 Mary H. Watkins Wilming								
		nington Del APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH							
1	PART I. DEATH WAS CAUS	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY:							
۱	IMMEDI	IMMEDIATE CAUSE (0)							
	4140	DUE TO, OR AS A CONS	+ 1 4. /21	11:0					
1	Conditions, if any, which								
	cause (a), stating the	cause (a), stating the DUETO OR AS A CONSPONENCE OF							
ı	underlying cause last.	underlying cause last. (c)							
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)							
	190 DATE OF OPERATION								
7	J 190 DATE OF OPERATION	190 DATE OF OPERATION 196 CONDITION FOR WI			ERTIFYING CAUSES OF DEATH?				
	HE I			YES NO	YES NO				
1		21b. TIME OF INJURY HOUR A.M. MONTH	21c HOW INJURY OF	CCURRED (ENTER NATURE OF INJURY IN I	TEM 18 PART I OR PART 2)				
	OR CONTRIBUTING CAUSE OF D	EAIH	19						
	(IF EITHER NOTHY MEDICAL EXAMIN	21e. PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE				
	WHILE ONOT WHILE O	(AT HOME, STREET, FACTORY, O	FFICE, FARM, ETC) SINCE	CITY OK TOWN	31416				
		pital) attended the deceased f	rom 196	15 10 1 Hay	19 82 that (I) (we) tos				
	sow the deceased alive a	n 10 Me	ms -//	inion death accurred on the date o	nd haur and fram the couses stated				
	above, (I) (we) (did) (did r	nat) view the body ofter death.	DEGREE	•	22. DATE SIGNED				

23a. BURIAL, CREMATION, REMOVAL (SPECIFY)

FOR - STATE

23b. DATE 20 - 82

Thurston Harrison

23d. LOCATION CITY OR TOWN 23¢ NAME OF CEMETERY OR CREMATORY

MEDICAL STAFF
DIRECTOR PHYSICIAN

ATTENDING PHYSICIAN

22e. ADDRESS

Church

STATE

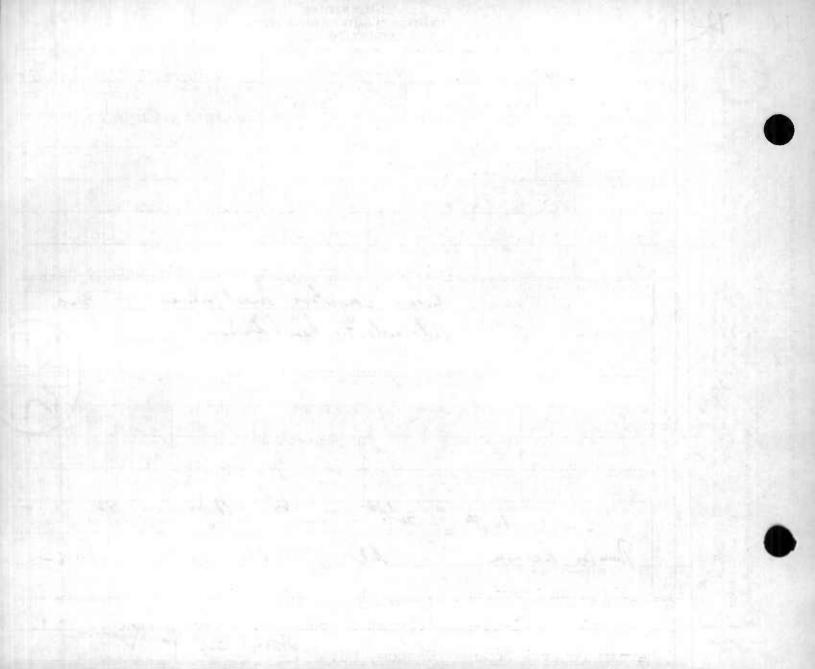
Burial
24. FUNERAL DIRECTOR BP. DHMH-16 30M 2/80

(VRA 15, 4)

Newnam Funeral Home

22d. PHYSICIAN'S NAME (TYPE OF PRINT)

Easton. Md PESSIGNATURE



MARYLAND 2120

BALTIMORE.

PRESTON ST.

3

DIVISION OF VITAL RECORDS, 201

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13	12	1	FOR		DEPARTMENT OF	HEALTH AND MENTAL HY	GIENE O 4	0 6 1 0 6	
		1.	- STATE REGISTRAR		CERTI	FICATE OF DEATH			
	1	-			42.11		REG. NO.		
			ECEASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR	
	(mm)		Glad	lux M	Ha	rris	200	9 82 500	
	(#WE)	3. SE		I4 RACE		OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)		M
	CHAR.	3. 30	^	4 RACE	D. DATE		AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATS HOURS MIN.	_
	0	130	Female	Caucasian	n OCT	. 19 1899	82 YF		
	Po de	No. B	IRTHPLACE I STATE OR FOREIGN	76 CITIZEN OF WHAT C	OLINTRY2 8		9 BALTIMORE CITY OR COU		-
	ong 11		COUNTRY		MARRIE	NEVER MARRIED	- T	1	
	deo deo	Pe	ennsylvania	U.S.A.	WIDOW		lalbo	M	D.
	i e i	10 0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITA	L, NURSING HOME	OR OTHER INSTITUTION	12a USUAL OCCUPATION	126 KIND OF BUSINESS OF	R
_	to the stall	15	easton	LIENOT IN SUCH FACHTY		~	TYPE OF WORK FOR MOST OF WORKIN	G LIFE) INDUSTRY	
20	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	_		Memoria	100	pital	Housewife		
2	od die	130	AL RESIDENCE (IF NURSING HOME OF STATE 136 COU		Y OR TOWN	138 INSIDE CITY LIMITS?	13e. STREET ADDRESS		
N	24 24 sulle sulle	1				YES NO		21/	
Y.	sh sh	14 E	ATHER'S NAME	DOL ILA	ston	15 MOTHER'S MAIDEN N	I R.D. 3, B	ox 314	
2	TO THE	14.1	FIRST	MIDDLE	LAST	FIRST	MIDDLE	LAST	
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N N	B G E		No	133	8-40-116	8 Edwin A.	Harris, M.D.	Easton, Md.	
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Ö	on)	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FO	OR WHICH OPERATIO	N WAS PERFORMED	Va AUTOPSY? (20). IF	YES, WERE FINDINGS USED	
8	ws need	Ě	12/24/81	Transo	erso Colo	stoney		RTIFYING CAUSES OF DEATH?	
Y	The te to Sho	= =					YES NO	YES NO	
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Ö	C P P P P P P P P P P P P P P P P P P P	AL	OR CONTRIBUTING CAUSE OF DE	ALIII	19				
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SIC	do do	N N		LAT HOME STREET FACTO		STREET	CITY OR TOWN	COUNTY STATE	
Σ	of of street		AT WORK NOT WHILE						
۵	OF AF	1	22a I certify that (I) (this hosp	eal) attended the deceas	sed from 9-3	2- 1081	10 1-9	_, 1982 , that (1) (A) los	
	T T S S S S S S S S S S S S S S S S S S					ad that is (my) (mat) assains	death assured as the data and		31
	Spi		sow the deceased alive or above, (1) (we) (did) (did no	of) view the body after de	oth.		death occurred on the date and	nour and from the causes stated	
	Ne he ept		226. SIGNATURE			DEGREE		22¢ DATE SIGNED	_
	the the Distriction of the Distr		Allthe	unal	-MI	ATTENDING	MEDICAL STAFF	1-9-07	
	HOSPITAL ined by the FUNERAL old be deto the Stote ORTANT: If	1	22d. PHYS. JAN'S NAME (TYPE		7.70		DIRECTOR PHYSICIAN	1106	_
	HOSP pined by FUNE buld be th the S		THE PHIST SAIN S INAME (TYPE)	OKPKINI		22e ADDRESS			
	etoined by TO FUNER should be with the Stewarth Amportant		Jonathan H	ummel, M.D.		Easton, M	d. 21601		
	TO HO TO FU should with th	230	BURIAL, CREMATION, REMOVAL		122. NAME OF	EMETERY OR CREMATORY	123d LOCATION		=
		230					CITY OR TOWN	THORNIY STATE	
	BP		Burial	1-12-82	ppring	Hill Cem.	Easton	Talbot Md	
	DHMH - 16 50M 1/81	24 F	UNERAL DIRECTOR			2 100	E1ECO. AUEGISTRA NA	A STORATURE	_
	(VRA 15, 4)		NAME		ADDRESS	200	14 1304	- 1	
		_	Newnam F	uneral Home	Easto	n. Md. 21601			

PARTIES NOTES AND AND ASSESSED FOR THE PARTIES OF T

STATE OF MARYLAND

Kebent Somes Himes Telle; Essen Micoral Hospiel Magnite Maria LANGE SEEL OF WAL

FOR

REGISTRAR

FIRST

MIDOLE

1. DECEASED NAME

- STATE

TYPE OR PRINT

STATE OF MARYLAND

LAST

DEPARTMENT OF HEALTH AND MENTA CERTIFICATE OF DEATH

L HYG		Ga	3	0	
	REG. NO. 26. DATE OF DEATH MONTH DA	Y	YEAR	2b. HOL	IR
	January 15	19	82	3:	
	6. AGE (IN YEARS LAST BIRTHOAY) IF	UNDE	RIYEAR	IF UNDER	
8	83 YRS	INTHS	DAYS	HOURS '	MIN
	9 BALTIMORE CITY OR COUNTY O	F DE	ATH		
	Talbot				M
N	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)		KIND O	FBUSINI	ESS O
	executive			noti	ve
TS?	13e STREET ADDRESS 208 S. Hanso	on	Sti	reet	
ar	WIDDIE	ebł	olet	hwa	ait
	ADDRESS				
D.	Hill Newtor	1.	Mas	ss.	
Luy	he	T	APPROXUETWEEN C	MATE INTE	DEATH
1.1				1	
nu	mi	+			

0 2 0 2 1 1 1

Hill Walter E. 4. RACE 3. SEX 5. DATE OF BIRTH MONTH OAY Male Caucasian MAY To BIRTHPLACE (STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIE England U.S.A. WIDOWEDK 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTIO S. Hanson Street Easton USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIM Talbot Md Easton YES 🔀 NO [14 FATHER'S NAME 15. MOTHER'S MAIDE MIDOLE LAST Walter Hill Hil 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT LYES. NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 386-26-5619 No Walter 18 CAUSE OF DEATH (Enter only one couse per line (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0 Conditions, If ony, which gove rise to immediate couse (0), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS/CONTRIBUTING TO DEATH BULLNOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0 190. DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO NOF YES 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART TO PART 2) HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 214 INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION STREET CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofte) death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS William H. Wood, Jr., M.D. Easton, Md. 230. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 236. DATE 1-20-82 CITY OR TOWN

Delmarva Cremator

Easton, Md

DHMH-16 30M 2/80 (VRA 15, 4)

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If Hem

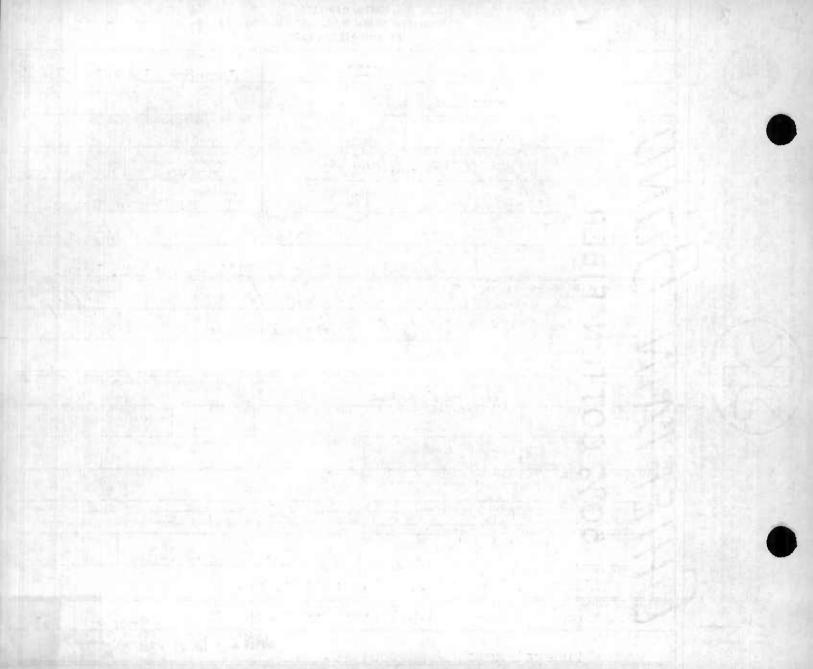
MPORTANT:

"Cremation

Newnam Funeral Home

24 FUNERAL DIRECTOR

of Health



7		1	FOR - STATE REGISTRAR	1	DEPARTM	ENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 2	0 2	2 /	0 5
			CEASED NAME FIRST	MIDDLE	94.7	Ĺ	AST	20. DATE OF DEATH	MONTH DAY	YEAR 2	HOUR 4
þe	poge 3	(179	MATTH	EW J.			KOHN		1 26	82	11 AM
may	o d	3 SE		4. RACE		S. DATE O	1	6. AGE (IN YEARS LAST BI		DERIYEAR	F UNDER 24 HRS
40	of		Male	Caucasia	an	JAN	7 190 [°] 7	75	YRS	S DAYS	HOURS MIN.
4	10 87	70. B	IRTHPLACE STATE OR FOREIGN	76. CITIZEN OF WHAT CO	OUNTRY?	8 MARRIET	NEVER MARRIED	9 BALTIMORE CITY	R COUNTY OF	EATH	
1	14 35		Maryland	U.S.A.		WIDOWE	D DWORCED	TALBOT			MD.
- Ha	by the notified	3	ITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, O	SIVE STREET A	DDRESS)		120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O	OF WORKING LIFE) IN	DUSTRY	BUSINESS OR
L'S	in by be file		ASTON	EASTON 1	nem	ORIF	TC HOSP.	Mechani	C	Cann	ery
n 24 ho	filled ould b			bot Co	ortown	1 1a		13e. STREET ADDRESS Main	Street		
vith:	oletely nd 2 sh	14. F.	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME		1257	
) ted	ldmo ono		Joseph		ohn		Margar	et		Ře	is
execu	Pages 1 and medical exem			E WAR OR DATES!	-03-		17 INFORMANT	ADDR Uo l more		lova,	Ma
e pe		-					Joseph W.	петшет	COLC		
ficat	physicio on popers emovol. event, the		18. CAUSE OF DEATH (Enter an PART I, DEATH WAS CAUSE	D BY:	Intr	/	Carland.	He	land -	BETWEENON	TE INTERVAL SET AND DEATH
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death	e offendin move carb lation, or i traumatic	13	7310	DUE TO, OR AS A CO	DNSEOUEN	NCE OF			0		
9			Canditions, if any, which gave rise to immediate	(p)						7000	
thot th	ed by the eleose re- rol, crem ar ather		couse (a), stoting the underlying cause last	DUE TO, OR AS A CO	NSEQUEN	TOE OF	itensia				nur is
quires	signe hen p to bury.	Z	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUT	ING TO D	ATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN	PART I(a)	
3	been prior ony ii	¥	190 DATE OF OPERATION	19b. CONDITION FOR	RWHICH	PERATION	WAS PERFORMED	20g AUTOPSY?	20b. IF YES, WEF	E FINDING	SUSED
he lo	hos hos	CERTIFICATION						YES NO	IN CERTIFYING YES	CAUSESO	P DEATH?
ž	ng physicio certificate h rriol-transit entol Hygie ltem 18 sho) E	21a. ACCIDENT WAS UNDERLYING		VTH DAY	VEAD	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM IS PART I O	R PART 2)	
ICIA	nding plans certification buriol-t	CAL	OR CONTRIBUTING CAUSE OF DEA	1111	TIII DA	19					
HYS	of Marie	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTOR	Y	5761	211 LOCATION STREET	CITY OF TO	WN C	OUNTY	STATE
9	After the os the olth and marked	>	AT WORK NOT WHILE	(AT HOME, STREET, FACTOR	T, OFFICE, FAI	CM, ETC.)		CITI ON TO			37476
9	R: Af	1 5	220.1 certify that (1) (this haspi			1-	18 - 1982		26,19 8	2. the	it (1) (we) last
TE	for for soft H		saw the deceased alive an obave, (1) (we) (did) (did ha	1 - 26 -	19 8	an, an	d that in (aur) apinion o	death occurred on the d	ate and hour and	fram the co	uses stoted
S A	DIREC Oched Dept. If them		22b. SIGNATURE	317	- 1	2	EOREE	/	- 2	2c. DATE SI	GNED
TAL O			1 emg	1. Nell	ich	1	ATTENDING PHYSICIAN	MEDICAL STA		1-2	6-82
IOSP	TO FUNERAL I should be deto with the Store I IMPORTANT: If		22d. PHYSICIAN'S NAME (TYPE O				27e ADDRESS				
0	should with	02	Terry P.	Detrich,	M.D		Easton,				
			BURIAL, CREMATION, REMOVAL	23b. DATE			METERY OR CREMATORY	23d. LOCATION CITY OR TOWN	cou	NTY	STATE
	BP	24.5	Burial UNERAL DIRECTOR	11-28-82	St	. <u>Jo</u>	seph's Cem.	Cordova	Ta.	lbot	и Md
DHA	(VRA 15, 4)	1	NAME		ADDRESS		25a. DAT	REC'D. BY REGISTRAR	hand	MAIN	Polician.
			Newnam Funer	cal Home	Ea	ston	, Md.	1007		er .	

Letter Walter ENSTEIN LINE WITH ALL MAKE IN THE PART OF THE PART OF

STATE OF MARYLAND

and the second that the Terry learning to the contract of the contract Character State House Andrews of John 18888 common from

	1.	FOR STATE REGISTRAR	C	DEPARTMENT OF	E OF MARYLAND BEALTH AND MENTAL HY FICATE OF DEATH	GIENE 8 2	0 2 / 0) /
o th		CEASED NAME FIRST	ia Emma		grell	January 15,	1982 YEAR 26 HC 2: 3	3DA . N
after death	3. SE		Cau.	MONT		6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS	DER 24 HRS
the funeral director of within 72 hours aftitled of one.		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT CO	DUNTRY? 8	19-92 D NEVER MARRIED ED DIVORCED DIVORCED	9. BALTIMORE CITY OR COUNTY TO THE COUNTY OF C		
O (in this	10. C	TY OR TOWN OF DEATH Easton	11. NAME OF HOSPITAL	, NURSING HOME	OR OTHER INSTITUTION	12d. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING housewife	12b. KIND OF BUSI	ME INESS OR
2 should be file	13a.	AL RESIDENCE (IF NUM ING HOME TATE M. CO	- 4	OR TOWN ensboro	13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS Maple Ave.		
So Og C	14 F/	James Bay	middle vnard	LAST	15. MOTHER'S MAIDEN N. FIRST Mary	Elizabeth Eve	eland	
physician and componency of the componency of th		VAS DECEASED EVER IN U.S. I YES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES)	-48-5008	Betty Boyo	address Greensbo	oro. Md.	
been signed by the ottendin mit. Then please remove corb prior to burio), cremation, or a ony injury, or other troumatic	ATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION	DUE TO, OR AS A OC. (c) IT CONDITIONS CONTRIBUT 1196. CONDITION FOR	ING TO DEATH BU	6-	MINAL DISEASE OR CONDITION (res, were findings us	SED
or Item 18 shows on	MEDICAL CERTIFICATION	216, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE INTERNATION FOR EXAMINATION OF CONTRED CAUSE OF LIFE INTERNATION OF CONTRED CAUSE OF LIFE OF CONTRED CAUSE OF CAUSE	DEATH HOUR A.M. MON P.M. 21b. TIME OF INJURY HOUR A.M. MON P.M. 21c. PLACE OF INJUR	NTH DAY YEAR	- Market	YES NOTER NATURE OF INJURY IN ITEM I	TIFYING CAUSES OF DE YES NO	ATH?
efoched for use os the te Dept, of Heolth ond I: If Item 21 is morked	WE	WHILE NOT WHILE AT WORK 228-I certify that (I) (this has	on Not the body ofter deci	ed froml	DEGREE ATTENDING PHYSICIAN	city or town	our and from the couses	
TO FUNERAL should be deta with the Stote IMPORTANT:		SUPLICE T. SURIAL, CREMATION, REMOVE SPECIFY BUTIAL	DAWKIN	23c. NAME OF	D EMETERY OR CREMATORY	13d LOCATION CITY OF TOWN	Caroline	o-ol
30M 2/80 15, 4)	5	UNERALDIRECTOR	Eordon	Living	30	NEZDUY NEGOSTRAR	SHONATURE	

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FOR STATE REGISTRAR		DEPARTMENT OF HE	OF MARYLAND ALTH AND MENTAL HY CATE OF DEATH	GIENE 8 2.	0 2 / 0 8
I. DECEASED NAME (TYPE OR PRINT)	Cargill MIDDLE	Law	Rence	20 DATE OF DEATH MONT	21/2 1000 12/
3. SEX	YRACE SELK	S. DATE OF	BIRTH YEAR O	W 1	MONTHS DAYS HOURS MIN.
COLAMINS MI d	REFOREIGN 76 CITIZEN OF WHAT C	MARRIED WIDOWED		9 BALTIMORE CITY OR CO	o/
EASTO,	(IF NOT IN SUCH PACIFIC	AL, NURSING HOME OF	ROTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR	IXING LIFE) 12b. KIND OF BUSINESS OF
30. STATE	RSING HOME OR OTHER INSTITUTION GIVE RESIDENCE TO 136. CIT	Ydell a	13d. INSIDE CITY LIMITS? YES NO	130. STREET ADDRESS	Buy 221
14 FATHER'S NAME		remc 0	15. MOTHER'S MAIDEN NA	MIDDLE C	a you
160 WAS DECEASED EVE [YES, NO OR UNKNOWN]	(IF YES, GIVE WAR OR DATES)	1.30.7182	Caygil	11	evence gr.
18 CAUSE OF DEATH	ATH (Enter only one couse per line for WAS CAUSED BY: IMMEDIATE CAUSE (o)	(o), (b), and ice	d peptie	ulcer	BETWEEN ONSET AND DEATH
Conditions, if or gove rise to in couse (a), sto	y, which (b)	CONSEQUENCE OF			
underlying cou			NOT RELATED TO THE TER/	MINAL DISEASE OR CONDITIO	N GIVEN IN PART NO.
NO LA ING. DATE OF OPER	estive Reart	Pailure	hue to arte	riosclaratio	Reart disease
12-24 12-4-	82 Repair all	OR WHICH OPERATION	and deflected	YES NOW IN	CERTIFYING CAUSES OF DEATH? YES NO
	CAUSE OF DEATH HOUR A.M. MI	ONTH DAY YEAR	21c. #OW INJURY OCCU!	RRED (ENTER NATURE OF INJURY IN IT	EM.1B. PART (OR PART 2)
OR CONTRIBUTING L (IF EITHER NOTIFY ME 218. INJURY OCCU WHILE NOTIFY AT WORK AT	LAT HOME STREET EACH	JRY ORY, OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
220.1 certify that	this hospital) attended the deceased alive on			deoth occurred on the date or	nd hour and from the couses stated
22b. SIGNATURE	nt W. Trever.	D	EGREE ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
22d. PHYSICIAN'S	W. Trever, M.D.		22e ADDRESS	Easton N	
	BENOVAL 221 DATE	122 NIAME OF CE	METERY OR CREW ATORY	1224 LOCATION	

23c NAME OF CEMETERY OR CREMATORY

DHMH - 16 50M 1/81 (VRA 15, 4)

23b. DATE

23a. BURIAL, CREMATION, REMOVAL

23d LOCATION

CITY OF TOWN

25m DATE REC'D. BY REGISTRAP 25M GISTRAP 25M DATE

PEB 2, 1982

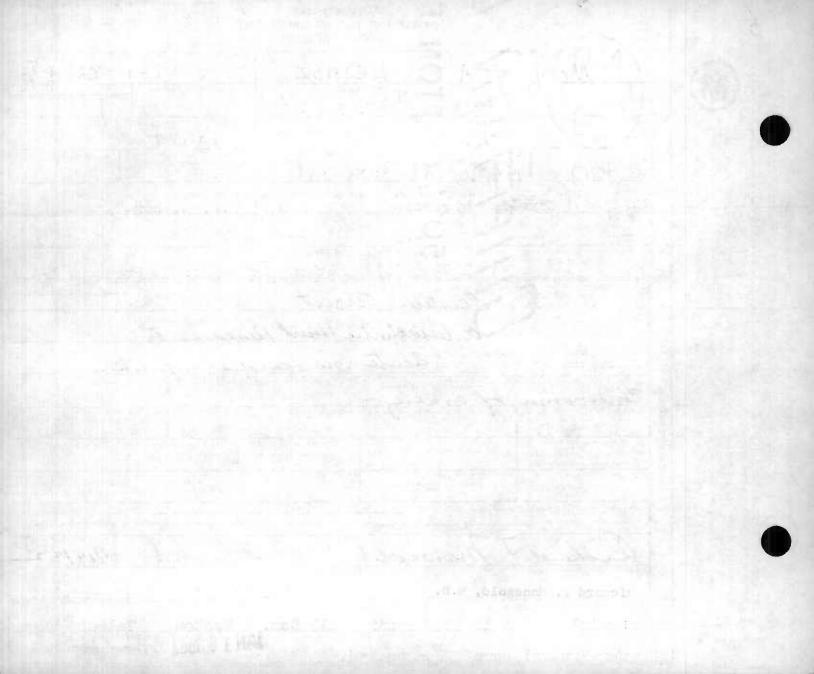
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DHMH-16 50M 1/BI (VRA 15, 4)

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4	1 -	FOR STATE		DEPARTA		TEALTH AND MENTAL HYG	IENE G		line 1	0 /
		REGISTRAR			CERTIF	FICATE OF DEATH	REG. N	0.		
		CEASED NAME FIRST		MIDDLE	4	LAST	20. DATE OF DEATH	MONTH DA		76 HOUR
ı	1111	Mary	1	A	LX	einsz		1-11	-82	3350"
H	3. SEX	X	4. RACE		5. DATE	OF BIRTH	6 AGE (IN YEARS LAST BIR	THDAY] IF	UNDERTYEAR	IF UNDER 21 HRS
	111	Female	Cauc	easian	NOV	DAY ILM	71		NIHS UAIS	HOURS MIN.
	a BIF	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8		9 BALTIMORE CITY C	PR COUNTY C	OF DEATH	
S	M	laryland	U.S	S.A.	WIDOW		Taib	ot		MD.
2	10 CI	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME (OR OTHER INSTITUTION	17a USUAL OCCUPAT		126 KIND OF	F BUSINESS OR
٤	1	zaston	Men	lbridl	HC	spital	Housewif		II 4DOSTKT	
4	USUA 13a. S	AL RESIDENCE (IF NURSING HONE)	OR OTHER INSTITUTION	134 CITY OF TOW	ADMISSION)	113d INSIDE CITY LIMITS?	13e STREET ADDRESS			
2	0.0		roline	Presto		YES NO X	R.D. 2	Box	25	
	14. FA	THER'S NAME	MIDDLE			15 MOTHER'S MAIDEN NAM	WE	DOA		
L		Tony	WIDDLE	Saunder	S	Margare	MIDDLE		Ford	
	16a W	VAS DECEASED EVER IN U.S.	ARMED FORCES?			17 INFORMANT	ADDRI	SS	1010	1
	IA	NO OR UNKNOWN) (IF YES	GIVE WAR OR DATES)	219-44-	2079	Anthony D	Randoch	Dr	eston.	Md
		18 CAUSE OF DEATH (Enter	only one says or			1 Michory D	. Dandoch	LT		AATE INTERVAL INSET AND DEATH
		PART I. DEATH WAS CAL	SED BY:	Culling	. 6	Fine of			BETWEEN OF	NSET AND DEATH
		IMMED	IATE CAUSE (a)	muu		over.				
		7100	DUE TO, O	DR AS A GONSEOUE	NO OF	ie Heurt K	2. :	-	100	
		Conditions, if any, which gave rise to immediate	(b)_C	nuna	euze	il tur 1st	lalare	_		
		cause iai, stating the underlying cause last	DUE TO, C	OR AS A CONSEQUE	NCE 9			1. 1	2	
1	ļ		(c)_		ww.	mycai	deal m	facel	ten	
ı	z	PART 2 OTHER SIGNIFICAN	IT CONDITIONS C	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERMI	inal disease or con	DITION GIVEN	N IN PART Tra	
-	E I	Carenon	a of	avella	5 -	•				
	CERTIFICATION	19a. DATE OF OPERATION	196 CONE	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	IN CERTIFY	WERE FINDING	GS USED OF DEATH?
4	RT						YES NO	YES		NO 🗌
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF		OF INJURY I.M. MONTH DA	Y YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	T (OR PART 2)	The state of
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1		sow the deceased alive above (1) (we) (did) (did	on	v ofter death	, or	nd that in (my) (aur) apinion d	leath accurred on the d	ate and haur a	nd from the c	auses stated
1		226. SJENATURE	7	7		DEGREE		-71	22c. DATE S	IGNED
1		Krehens	(Y. 1	nance	Mel	ATTENDING PHYSICIAN	MEDICAL STAI	FIAND	1/14	182
1		22d. PHYSICIAN'S NAME (TY	PE OR PRINT!		(77e ADDRESS	PARECION TATION	JAIT		
		Richard F.	fanecold.	M.D.		East	on, Md.			
1	23a. Bl	URIAL, CREMATION, REMOV			AME OF C	EMETERY OR CREMATORY	123d. LOCATION			
	(5	Burial					CITY OR TOWN		COUNTY	STATE
	24. FU	INERAL DIRECTOR	1-1-1	7-02 SI	orin	g Hill Cem.	AFTID-BY REGISTRAR	25b. REGISTRA	albot R'S MONATU	Md
		NAME	a 1 11am	ADDRESS		•	1987 8 T KIE	Man	ساديان	Mazu.
1	IN	<u>lewnam Funer</u>	al Home	e Easto	on, I	Ma.		713037	541	



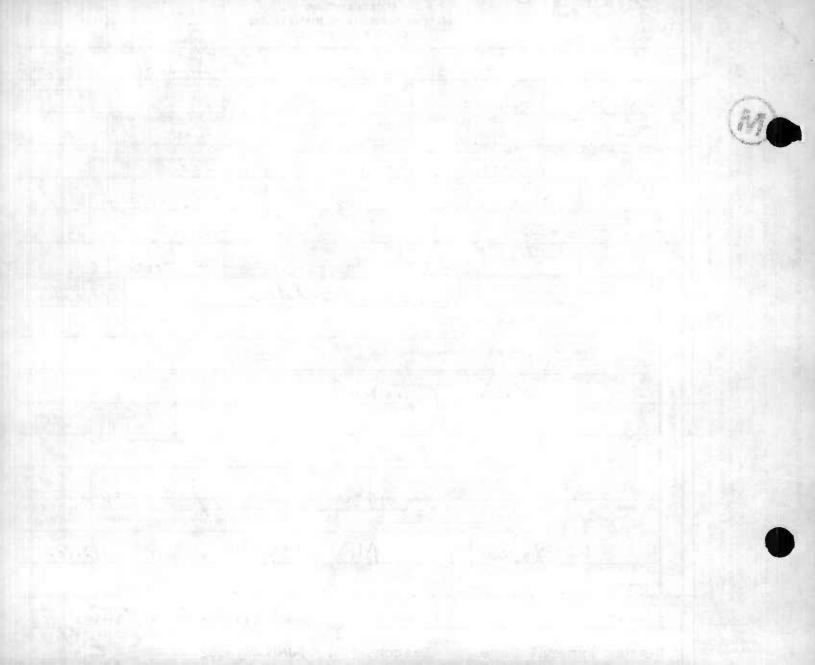
Easton, Md. 21601

DEALAND.

Newnam Funeral Home

(VRA 15, 4)

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FOR

STATE OF MARYLAND

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		FOR STATE			DEPARTMENT OF H			2/10
5 1		REGISTRAR		ME	DICAL EXAMINI	R'S CERTIFICAT	E OF DEATH REG. NO.	
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Till and the same of the same			Adon	is MONT		Mitchell	DEATH MATED	1 23 19 82 7
	J. SEX		4. RACE	DATE OF BIRTH	6. AGE (IN YEAR LAST BIRTHDAY		ADEK 24 LIKS. St. DATE	MONTH DAY YEAR 24 HOU
_ 1	-m	ale	black V	IAR. 29.			DEAD	23 19 82 10:4
35		RTHFLACE II	STATE OF	b. CITIZEN OF W	HAT COUNTRY?	MARRIED NEVER M	ARRIED 9. BALTIMORE CITY OR	
-	E	STON,	MD.	UNITED	STATES			ounty MC
B		aston		Memor IN SUCH F	SPITAL, NURSING HOME, ACILITY, GIVE STREET ADDRESS) rial Hospita	1	120 USUAL OCCUPATION (TYPE OF FOR MOST OF WORKING LIFE)	WORK 17b. KIND OF BUSINESS OR INDUSTRY NONE
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057	100	UTHER		MI	TCHELL	15. MOTHER'S M FIRST CHRIS	WIDDLE	LAST
	16a. V	AS DECEASE	D EVER IN U.S. ARME	D FORCES?	166. SOCIAL SECURITY		ADDRESS	
2	100	NO OR UNKN	NO NO	AR OR DATES)		RECRDS	OF MEMORIAL HOS	SP EASTON MD
		18 CAUSE C	OF DEATH (Enter only	one couse per lin	e for (a), (b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1		PARTID	EATH WAS CAUSED I	BY:	Inhalation of	f smoke and	flame	BEIWEEN ONDEI AND DEATH
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REMO	3	Conditio	in if any, which	(b)				AT UT BEAUTY
8		covie (a	stating the under-		R AS A CONSEQUENCE O	F		
o N		lying co	Use ROSE.	(c)				
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	CERTIFICATION	1% DATE OF	FOPERATION	19b. COND	ITION FOR WHICH OPERA	TION WAS PERFORMED?		20 AUTOPSY?
BURIA	I I							YES XX NO
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35	CAL	UNDERLYING CONTRIBUT	G OR ING CAUSE OF DE		M 1/23 182	housefire		
ě.	MEDICAL	21d INJURY	OCCURRED		OF INJURY (AT HOME, CTORY, FARM, ETC.)	21f LOCATION	CITY OR TOWN	COUNTY STATE
30	2	AT WORK	NOT WHILE XX		ome	716Gay St	reet,Denton,Carolin	
TIMORE, MARYDAND, 2	10		ify that I taok charge ted fram: Natural	couses .	Accident XX, Suice Dolan, M.D.	Homicide TITLE (SPECIF ASS 1S	Undetermined manner ,	DATE 1/25/82 CO.MD 21201
A C	23o. BI		TION DEMOVAL 22h	DATE	In NAME OF CEM		23d LOCATION	
50	B	URTAL	1.	-26-198	32 ST PAUL	ETERY OR CREMATORY CEMETERY	WELLISTON CAR	COLINE, MD
	24. FU	JNERAL DIRE	ARLES W.			125n D	ATE REC'D. BY REGISTRAL BEGIST	WAT'S SUSPICIONES
))		NAME CH	AKLES W.	HILMODRES	DENTON,	MD FEI	B 3 1982 pance	HAMILIAN SOL

STATE OF MARYLAND

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of Th	H/b Street		1.	FOR STATE REGISTRAR		DEPARTA	MENT OF H	E OF MARYLAND BEALTH AND MENTAL HYGI ICATE OF DEATH	ENE B 2	0	2/15
Po	moy be				BERT 14 RACE	P.	H. S. DATE O	AST URDOCK	20 DATE OF DEATH	MONTH DAY	YEAR 26 HOUR AND A MINDER LYEAR IF UNITER 24 MRS
	4 90	,		Male		casian	JAN		85	YRS.	THE DAYS HOURS MIN.
	th. Page ral direct 72 haurs	376		RTHPLACE STATE OR FOREIGN		OF WHAT COUNTRY?		D NEVER MARRIED	9 BALTIMORE CITY C		DEATH
	er death. e funeral within 72	edot		ennsylvania ITY OR TOWN OF DEATH	11. NAME			DROTHER INSTITUTION	1ALBO		MD. 12b KIND OF BUSINESS OR
201	by th	100	1	EASTON	LAS		MORIF	+ L HOSPITAL	Auto Dea		INDUSTRY
LAND 21	in 24 hau y filled ir should be	35	130.			13c CITY OR TOW Easton	N	YES NOXX	R.D. 1,	Box 1	.83
MARYLAND	d with	N XON	100	ATHER'S NAME FIRST rancis	C.	Murdo	ch	Annie	WIDDLE	ъ	LAST
	xecute nd con ges 1 c	medical	16a \	VAS DECEASED EVER IN U.S.		S? 166 SOCIAL SECU		17 INFORMANT	ADDRE	ŠS P	atterson
BALTIMORE	be en	ре шес		No		192-03-		John F. Sp:	indler	Stamfo	rd, Conn.
7	ertificate g physic ban pape remaval	c event, t		PART I. DE ATH WAS CAU	anly ane cause SED BY: ATE CAUSE (a)	per line for (a), (b), and	25 M	c ARRES	7		BETWEEN ONSET AND DEATH
PRESTON ST	death a	froumotic		Canditians, if any, which gave rise to immediate	DUE TO	, or as a conseque	NCE OF				
≥	that the d by the ease ren al, crem	rather		cause (a), stating the underlying cause last.	DUE TO	, or as a conseque	NCE OF		2	1/2	
tDS, 20	quires signed Then plum to burn	nlury, o	NO	PART 2 OTHER SIGNIFICAN	CONDITIONS	CONTRIBUTING TO E	EATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CON	DITION GIVEN	IN PART Ico
DIVISION OF VITAL RECORDS, 201	bon. has been permit.	32	CERTIFICATION	190 DATE OF OPERATION	19b CO	ndition for which	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES □ NO ₩		ERE FINDINGS USED G CAUSES OF DEATH?
FVITA	ding physicic ding physicic is certificate burial-transit Mental Hygie	18 54		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF		E OF INJURY A.M. MONTH DA	Y YEAR	21¢ HOW INJURY OCCURRI			
O	ding particular serial burial	or Herr	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIN	(ER)	P.M. CE OF INJURY	19	211 LOCATION			
IVISI	offen offen ter th ss the	rked	W.	WHILE NOT WHILE AT WORK		STREET, FACTORY, OFFICE, F.	ARM, ETC)	STREET	CITY OR TO	WN	COUNTY STATE
	ATTENDIN Sspital or CCTOR: Af d for use of	21 is mo		270 I certify that (I) (this has saw the deceased alive abave, (I) (we) (did) (did			1 4	d that in (my) (aur) apinian d	, to 148 eath accurred on the do	19	that (I) (ve) last
	OR DIRE Dep	T. If hem		22b. SIGNATURE	:. pu	J. Rom		DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F	22c. DATE SIGNED
	retained by if	MPORTANT		22d. PHYSICIAN'S NAME (TYP		WAN		22e. ADDRESS	ton, Po	(.	
		<u><</u>	23a. 6	URIAL, CREMATION, REMOVA	L 236. DATE	23€ №		EMETERY OR CREMATORY	734 LOCATION CITY OF FOWN	cc	MANY STATE
	BP DHMH - 16 50M 1	/B1	24 FI	Burial JNERAL DIRECTOR	11-7-		1 2 5	t Cemetery	St. Mie	haels	Talbot Md.
	(VRA 15, 4)		I	Newnam Funer	al Hon	ne Ea	ston	, Md.	NUL PI	A. Carrier	

Person P. Harasser **尼亚日本山** THE THE PROPERTY OF THE PARTY O

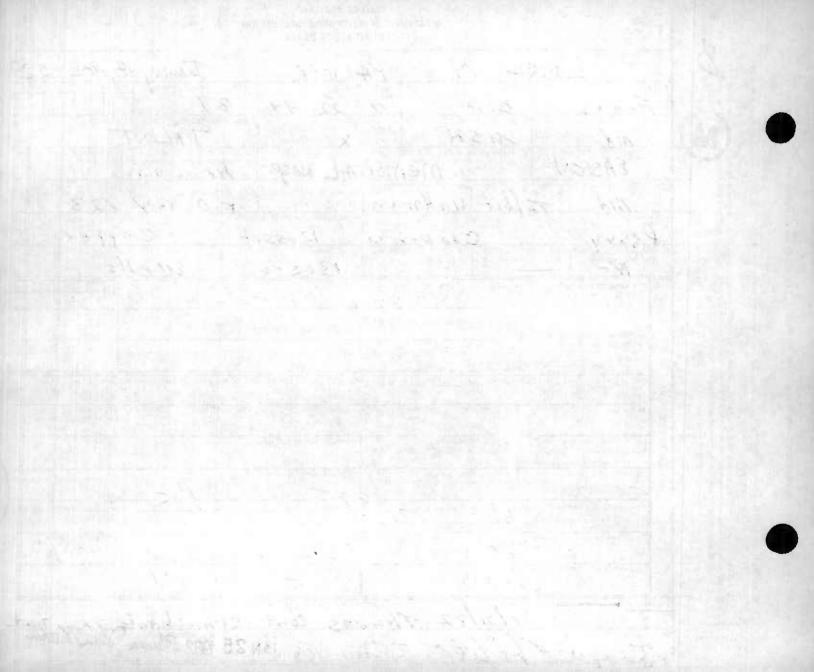
. TO HOSPITA	TO FUNERAL DIRE
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicion and completely filled in by "I have a should be detached for use as the buriol-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be tiled than the plant of Health and Mental Hygiene prior to buriol, cremotion, or removal.

	- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. N	10.
	DECEASED NAME PIRST LAW	RA O.	PALMER	20. DATE OF DEATH	10 1982 18, 1982
3	Femile	4 RACE	S DATE OF BIRTH MONTH DAY YEAR YEAR	6. AGE (IN YEARS LAST BI	MONTHS DAYS HO
70.	BIRTHPLACE (STATE OF FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUN	MARRIED NEVER MARRIED	9 BALTIMORE CITY	LOST
18	EASTON	(IF NOT IN SUCH FACILITY, GIVE	emorial NOSP.	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST	
35 13	UAL RESIDENCE (IF NURSING HOME). STATE		men 13d Inside City Limits?	13e. STREET ADDRESS	Bay 123
000	FATHER'S NAME PIRST	MIDDLE COOP	15. MOTHER'S MAIDEN NA	MIDDLE	Copper
le medicol	WAS DECEASED EVER IN U.S., (YES NO ORUNKNOWN) (IF YES,	ARMED FORCES? 166 SOCIÁL:	SECURITY NO. 17 INFORMANT 13 051	ADDR	Vells
vent, th	PART I. DEATH WAS CAU	V 1 11 /	Wereland aster	rseleron	APPROXIMATE BETWEEN ONSE
ofic ev	4409	DUE TO, OR AS ACONS	EQUENCE OF	10000	
To Car	Canditions, if any, which gave rise to immediate	(b)		Chiracon Control	
other	couse (a), stoting the underlying cause last	DUE TO, OR AS A CONS	EOUENCE OF		
, p		t conditions <u>contributing</u>	TO DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CON	IDITION GIVEN IN PART 1(0)
8 shows ony injur	19a. DATE OF OPERATION	19% CONDITION FOR WI	HICH OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF I YES \(\subseteq \text{N} \)
			DAY YEAR 216 HOW INJURY OCCUR	RRED (ENTER NATURE OF INJURE	JRY IN ITEM 18 PART 1 OR PART 2)
d or Item	(IF EITHER NOTIFY MEDICAL EXAMINATION OF THE PROPERTY OF THE P		19 211. LOCATION		
marked or	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OF		CIEV CALL	OWN COUNTY
a E		spital) attended the deceased fr	om 1270 19		8 1982, that
121	sow the deceosed ofive obove, (1) (we) (did) (did)	not view, the bady after death.	19_52, and that in (my) (our) opinion	death accurred on the o	late and haur ond from the caus
the the	22b. SIGNATURE	Engla ood	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	
IMPORTANT	226. PHYSICIAN'S NAME (TYP	OR PRINTI-	22e. ADDRESS	550N 6	nd
230	BURIAL, CHEMATION, REMOVA	AL 23b. DAJE	234. NAME OF CEMETERY OR CREMATORY	23d. LOCATION	7 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9
	PACCIAN	1/21/82	Thomas Com	Stare	hadle 71
24.	FUNE ALDIRECTOR	m / n ADDR	ess e Ture of JA	TE REC'D. BY REGISTRAN N 25 1982	25 REGISTRAIL AND NATION AND INC.
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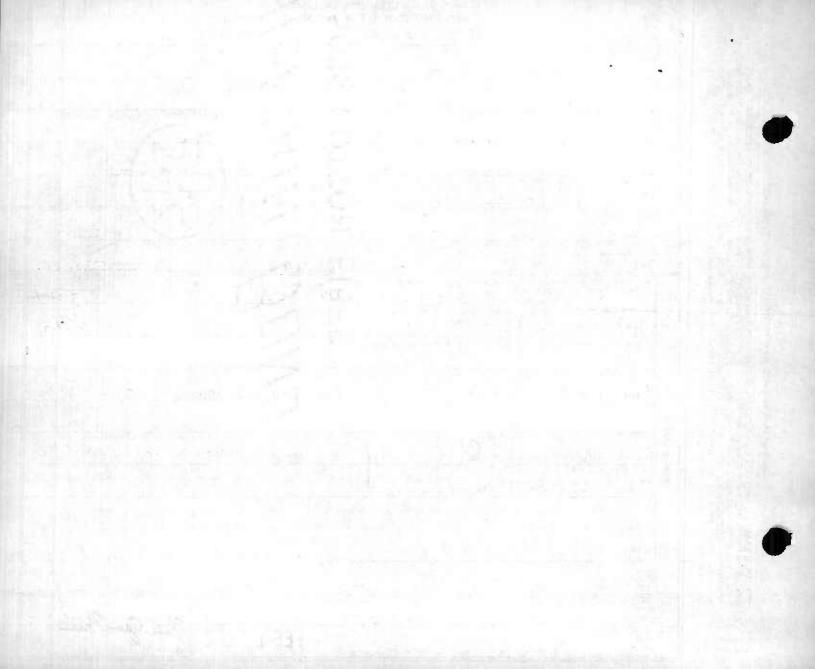
STATE OF MARYLAND

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 0 2 / 1 6



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO MIDDLE L DECEASED NAME 20. DATE KNOWN TYPE OR PRINT 19 82 OF DEATH MATED Charles Grady SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 24 HOUR DATE LAST BIRTHDAY PRONOUNCED DEAD Male 6 1982 White Tan Th. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OF 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) WIDOWED X North Carolina U.S.A DIVORCED 8. GIVE PAGES 1, 2, AND 3 TO THE PI WITH FORM PM 3. RETAIN PAGE 5 T. PAGES 1 AND 2 SHOULD BE PILED DIVISION OF VITAL RECORDS, 201 W IB CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) OR INDUSTRY Easton Memorial Hospital Street Car Operator USUAL RESIDENCE (IF IN NURSING 130. STATE COUNTY 13r. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Queen Anne Stevensville YES TX NO [Cloverfields 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST Phillips Romulus M. GIVE PAC Mary Unknown 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 7. INFORMANT ADDRESS I (IF YES GIVE WAR OR DATES) Yes W.W. 213-10-0583 Clinton E. Phillips: Stevensville. Md CAUSE OF DEATH (Enter only one cause per line for(a), (b), and USED AS A BURIAL - TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, DI RIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY: week IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO. OR AS A CONSEQUENCE OF lying cause last 2 DIHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN BART, 1 101 CERTIFICATION 19a DATE OF OPERATION CONDITION FOR WHICH OFERATION WAS PERFORME E CHIEF BE USED 20 AUTOPSY? YES [EXECUTE THE CERTIFICATE, WRITING THE WO PAGE 4 SHOUD BE FORWARDED TO THE CI TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTMENT BALTIMORE, MARYLAND, 21201 PRIOR TO BLU 21s. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21d INJURY OCCURRED 21f LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY HOSPITAL 220. I certify that I took charge of the remains described above, held an Autapsy Inspection death resulted fram: Accident Hamicide Undetermined manner ACTUAL SIGNATURE WOODJY EXAMINER'S NAME (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236, DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY (SPECIFY) STATE Burial Stevensville Cemetery Jan. BP 24 FUNERAL DIRECTOR **DHMH-17** (VR A15 ME (5) Helfenbein-Hubbard Funeral Home: Chester. 15M 2/80



FOR STATE

TYPE OR PRINT

Male

SEX

REGISTRAR

TO BIRTHPLACE ASSAULT ON FOREIGN

RACE

White

DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO LAST 2a. DATE OF DEATH MONTH 26 HOUR Isaac 5. DATE OF BIRTH 6. AGE LIN YEARS LAST BIRTHDAY) Jan. 22, 1910 72 9 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? 8

	(arvland		USA		MARRIE	D NEVER MARRIED DIVORCED	+Albo	+	MD
_	ITY OR TOWN OF DEA	ATH 1:	. NAME OF	HOSPITAL, NURSING	G HOME (OR OTHER INSTITUTION	120 USUAL OCCUPATION OF THE OF WORK FOR MOST C	F WORKING LIFE)	126. KIND OF BUSINESS OR INDUSTRY
13a	AL RESIDENCE (IF NURS	ING HOME OR OT		GIVE RESIDENCE BEFORE	NOS P ADMISSION	134 INSIDE CITY LIMITS?	Self-Em	Cant	Safety Engnr erbury,
M	ATHER'S NAME	Talbo	σt	Easton		YES NO X	Route 4,	Box 54	OA Easton,
11111	FIRST		DDLE	LAST		FIRST	WIDDLE		LAST
	William			Pike		Mary		Henry	7
1	WAS DECEASED EVER	IN U.S. ARMI	D FORCES?	166 SOCIAL SECUR		17 INFORMANT	ADDRE		Easton, Md.
	No	No		215-05-	5062	Mrs. Cele	ste S. Pik	e, Box	540A, Rt. #
	18 CAUSE OF DEAT			line for (0), (b), and	l (c)				BETWEEN ONSET AND DEATH
111		IMMEDIATE		Carre	no	na of	eung.		6 mo
	16 d1			R AS A CONSEQUE	NCE OF	0			
	Conditions, if ony,	, which	(b)	. 75 7 60.132002					
	gove rise to imr	mediate	DUETOO	R AS A CONSEQUE	NCE OF			10179	
	underlying couse		(5)	K AS A CONSECUE	INCE OF				
	PART 2. OTHER SIGN	VIFICANT CO	NDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	JIN PART I/n
S									
CERTIFICATION	190 DATE OF OPERA	TION	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDINGS USED
E	STATE OF						YES TO NOT	IN CERTIFYII	NG CAUSES OF DEATH?
E	21a ACCIDENT WAS UNE	DERLYING	216 TIME O			21c. HOW INJURY OCCURR			
	OR CONTRIBUTING			M. MONTH DA					
EDICAL	214 INJURY OCCUR		21e PLACE	M. OF INJURY	19	211 LOCATION			***
ME	WHILE NOT WE			EET, FACTORY, OFFICE, FA	RM, ETC)	STREET	CITY OR TO	WN	COUNTY STATE
	AT WORK AT WO				a	11 - 81	20 /	2	<i>I</i> 2
	sow the decease obove, (1) (were	ed olive on_	26 0	de 19		nd that in (my) (our) opinion o	leoth occurred on the	ote and hour o	ond from the couses stated
	226 SIGNATURE	1.	1	20	0	DEGREE	by different	2 (100)	22c. DATE SIGNED
1	1	sten	la O	Cany	Con	ATTENDING PHYSICIAN	MEDICAL STAI	IAN 🗌	1-70 PZ
1	224 PHYSICIAN'S NA	AME (TYPORP	RINT)	0		22e. ADDRESS			
	Stephen		rney,	M.D.		Easton, Md	. 21601		
	BURIAL, CREMATION,	REMOVAL	23h DATE		AME OF C	EMETERY OR CREMATORY	23d. LOCATION		COUNTY STATE
I	Burial	0	2/4/8	2 Du	lane	y Valley Cem		ville,	Maryland

100ss W. Padonia Rd. 250 DATE

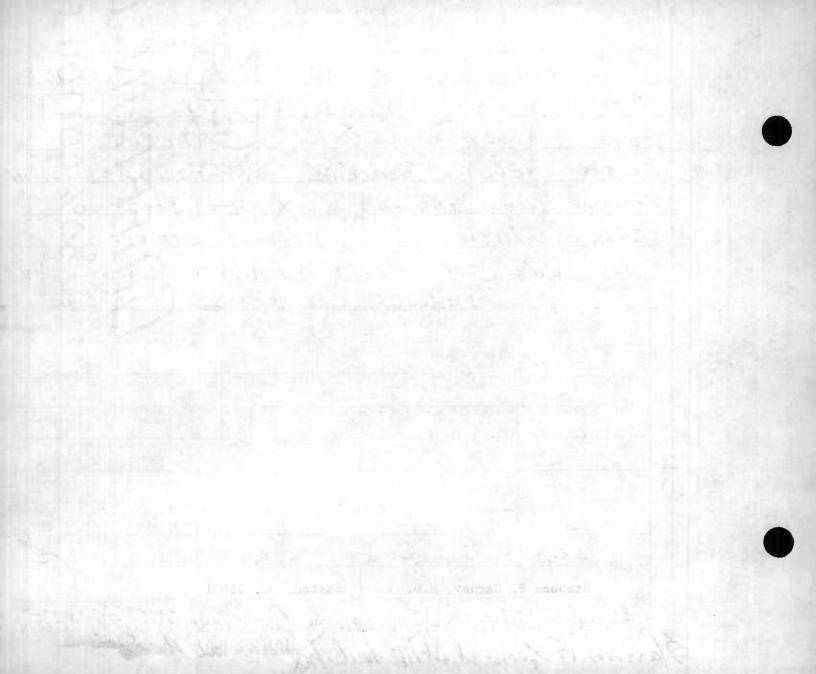
& Wiedefeld Timonium, FFId4

BP DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR

Model . S. Jahren . Sile . Selection . Sel A PARTY OF THE PAR E. Santa Control of the Control of t if payer of parts against on a person of a second of Staphen C. Corney, M.H. | Larger, D. C. 1601 -Labour Application of the Control of

MALE IRTHPLACE (SHATE OR FOREIGN) ENW. ITY OR TOWN OF DEATH AS TOW AL RESIDENCE (IF NURSING HOME OR CATE) ATTER STAME THER'S NAME JOHN S. VAS DECEASED EVER IN U.S. ARA VAS DECEASED EVER IN U.S. ARA	MIDDLE 4. RACE A CA U. The CITIZEN OF WHAT COUNTRY? SA 11. NAME OF HOSPITAL, NURSING LIE NOT IN SUCH FACILITY, GIVE STREET AD OTHER INSTITUTION, GIVE RESIDENCE BEFORE AT ITY ISA CITY OR TOWN AND THE COUNTRY OF TOWN THE COUNTRY OF TOWN WED FORCES? WAS PORCES? I 66 SOCIAL SECURI EWAR OR DATES) I 90 ON COUNTRY OF TOWN O BY.	DRESS) EMORIAL MISSION 13d INSIDE CITY LIMITS YES NO 15 MOTHER'S MAIDEN NA FIRST FRAN	120 USUAL OCCUPATION (TYPE OF MORN FOR MOST OF WORKING) 130 STREET ADDRESS R1 12 BOX	12b. KIND OF BUSINE
RTHPLACE (STATE OR FOREIGN) RAS TON ATTER (STATE OR FOREIGN) ATTER (STATE OR FOREIGN) ATTER (STATE OR FOREIGN) RAS DECEASED EVER IN U.S. ARAYES, NO GRUNKNOWN) RESTORMANCES, NO GRUNKNOWN (RESTORMANCES, NO GRUNKNOWN) RESTORMANCES, R	A RACE CAU. 7b CITIZEN OF WHAT COUNTRY? 11. NAME OF HOSPITAL, NURSING LIE NOT IN SUCH FACILITY, GIVE STREET AD OTHER INSTITUTION. GIVE RESIDENCE BEFORE AT ITY MED FORCES? WAS PORCES? 16b. SOCIAL SECURI EWAR OR DATES) 17 J J J J J J J J J J J J J J J J J J J	MARRIED NEVER MARRIED WIDOWED DIVORCED HOME OR OTHER INSTITUTION DESSION 13d INSIDE CITY LIMITS YES NOTHER'S MADEN NOT HER'S	P BALTIMORE CITY OR COUNT TA LB 120 USUAL OCCUPATION (TYPE OF MORK FOR MOST OF WORKING) 130 STREET ADDRESS RT 12 BOX	FUNDER LYEAR IF UNDER MONINS OATS HOURS Y OF DEATH 126. KIND OF BUSINE INDUSTRY H FOLGAT (AST SEL 1, Box 21 NICHAELS, A
AL RESIDENCE (IF NURSING HOME OR OF ALTER'S NAME ATHER'S NAME WAS DECEASED EVER IN U.S. ARA YES, NO GRUNKNOWN) 18 KAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED)	11. NAME OF HOSPITAL, NURSING LIE NOT IN SUCH FACILITY, GIVE STREET AD OTHER INSTITUTION, GIVE RESIDENCE BEFORE AI ITY 13c CITY OR TOWN TO THE COURT OF THE COURT	MARRIED NEVER MARRIED DIVORCED	120 USUAL OCCUPATION (TYPE OF MORN FOR MOST OF WORKING) 130 STREET ADDRESS R1 12 BOX	12b. KIND OF BUSINE INDUSTRY H Educat SE L H I, Box 21 VICHAELS, A
ASTON AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION GIVE RESIDENCE BEFORE ALL STATES OF THE	DRESS) EMORIAL MISSION 13d INSIDE CITY LIMITS YES NO 15 MOTHER'S MAIDEN NA FIRST FRAN	13e STREET ADDRESS RT 1 BOX	SEL AI, Box 21 VICHAELS,
TATE ATHER'S NAME SINGLE OF DEATH Enter only PART I. DEATH WAS CAUSED 18 CAUSE OF DEATH WAS CAUSED	MIDDLE LAST MIDDLE LAST MED FORCES? 166 SOCIAL SECURI E WAR OR DATES) LY one couse per line for (0), (b), and (0) BY.	PELS YES NO X	RI# 1, DOX	SEL #1, Box 21 VICHAELS, M
VAS DECEASED EVER IN U.S. ARA YES, NO QR UNKNOWN) IF YES GIVE 18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	MED FORCES? 166 SOCIAL SECURI EWAR OR DATES) 106 - 12-9 By one couse per line for (o), (b), and (c) BY.	FRAN	MISMITH ST.	SEL #1, Box 21 VICHAELS!
VES. NO GRUNKNOWN) 18 CAUSE OF DEATH (Enter and PART I. DEATH WAS CAUSED	by one couse per line for (a), (b), and (b) BY.	802 MRS. ROSE	M. SMITH ST.	VICHAELS.
PART I. DEATH WAS CAUSED	BY. Mat	eti colo		APPROXIMATE INTER-
Conditions, if only, which gove rise to immediate couse lot, stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUEN b) DUE TO, OR AS A CONSEQUEN c) ONDITIONS CONTRIBUTING TO DE	CE OF	MINAL DISEASE OR CONDITION GI	VEN IN PART 110
190 DATE OF OPERATION	196 CONDITION FOR WHICH O		YES NO Y	ES, WERE FINDINGS USED IFYING CAUSES OF DEAT 'ES NO
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	YEAR 19	RRED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE, FARI	211 LOCATION STREET	CITY OR TOWN	COUNTY 5
220 I certify that (I) (this haspite saw the deceased alive an above, (I) (we) (did) (did nat	1-19 1083	, and that in (my) (our) apinion	death occurred on the date and ha	, 19 8 2 , that (I) (violated from the causes sta
226. SIGNATURE	of Camy	PHYSICIAN /	MEDICAL STAFF DIRECTOR PHYSICIAN	226. DATE SIGNED
			d. 21601	
	r. Carney, M.D.		The state of the s	
27	sow the deceased alive on above, (1) (we train) (did not 2b. SIGNATURE	sow the deceased alive on	sow the deceased alive on	sow the deceased alive an



Easton, Md.

FOR

Newnam Funeral Home

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		FOR STATE REGISTRAR		DEPA	RTMENT OF	E OF MARYLAND BEALTH AND MENTAL CICATE OF DEATH	HYGIENE 8 2	10.	2 /	2 1
		CEASED NAME	FIRST	Barrial		IAST TO THE TOTAL THE TOTAL TO THE TOTAL TOT	20. DATE OF DEATH	MONTH D	AY YEAR	26 HOUR 4
	2.00		VA	Beulah	/	OWEFS		1-17	-802	110.
ab.	3 SE	Female	4. RA	Cau.	MONI		6 AGE JIN YEARS LAST BE	**	ONTHS DAYS	HOURS MIN
	Je Bi	RTHPLACE (STATE OR FOR	EIGN 7h CI	TIZEN OF WHAT COUNTE	2Y2 8	2-07	74 9 BALTIMORE CITY O	YRS.	OFDEATH	
35		Md.		U.S.A.	WIDOW	D NEVER MARRIED DIVORCED	TA	IboT	-	
78	10. C	EACTON	11. 1	NAME OF HOSPITAL, NUR FNOT IN SUCH FACILITY, GIVE STR MEMO	SING HOME (120 USUAL OCCUPAT ITYPE OF WORK FOR MOST Housewif	OF WORKING LIFE		F BUSINESS O
Ž	13a.	IATE 113	HOME OR OTHER COUNTY	INSTITUTION GIVE RESIDENCE BEI	FORE ADMISSION	13d INSIDE CITY LIMITS	? 13e STREET ADDRESS			
\sim	14. FA	THER'S NAME	741011	ne mager	- X	YES NO 1	Railroad	Ave.		
5D		Joseph K				FIRST	ce Betton		LAS	T
7		VAS DECEASED EVER IN	U.S. ARMED F	20047561		17 INFORMANT	ADDR			2300
		no		219-01	6634	Bonnie Pa	asswaters	Rid	gely,	
		18 CAUSE OF DEATH	Enter anly ane	cause per line far (o), (b),			à		APPROXI BETWEEN C	MATE INTERVAL
			MEDIATE CAL						< 44	Rrs.
			hich diote	IN OR AS A CONSECUTE TO, OR AS A CONSECUTE TO, OR AS A CONSECUTE TO	Constitution of the last	Perotie R	eart diséa	se	Une	ertain
	NO	PART 2 OTHER SIGNIF	ICANT COND	ITIONS CONTRIBUTING T		NOT RELATED TO THE T	ERMINAL DISEASE OR CON	DITION GIVE	N IN PART 110) 1
9	CERTIFICATION	19a. DATE OF OPERATIO	N I	%. CONDITION FOR WHI		N WAS PERFORMED	200 AUTOPSY?	206. IF YES, IN CERTIFY YES	WERE FINDIN	OF DEATH?
9	-	216. ACCIDENT WAS UNDERLOR CONTRIBUTING CAU	SE OF DEATH	16. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCC	CURRED (ENTER NATURE OF INJU			
/	MEDICAL	21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	21	e. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFIC		211. LOCATION STREET	CITY OR FO)wN	COUNTY	STATE
		sow the deceased abave, (1) (we) (did)		tended the deceased from 1 — 1 19 the bady after death.		, 19 8 and that in (aur) opin	2 , to 1 - 15 ian death accurred on the d			that (i)(we) lo couses stated
		226. SIGNATURE Robert	W.T.	rever. M.I	ο.	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN (1-1C	SIGNED
		22d PHYSICIAN'S NAMI	E (TYPE OR PRINT)			22e ADDRESS	aston, Md.		- 1683	
	23a E	URIAL, CREMATION, REA				EMETERY OR CREMATOR	y Ridge'ly			
	24 FL	INEVAL DIRECTOR	Bowl	Doing &	icen	25	ANE REC'P. BY REGISTRATE	Shewart	AND THE PROPERTY AND	Allegaine.

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and the second of the second	mylena zopi	in 316-01-1	
	The Lane	-15	Def . C. 6.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours etained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be fawfthe State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

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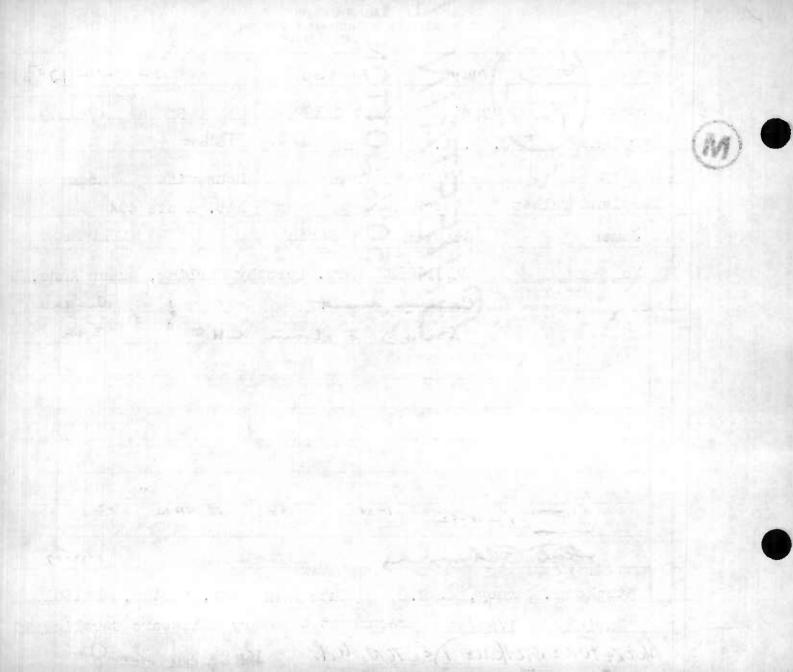
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STATE OF MARYLAND	2.3	15	- 0	0	,	- 3
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	O	60	U	do	1	do
APPRIESA TE OF DEATH						

	REGISTRAR			CERTIFI	CATE OF DEATH	REG. N	0.		
	ECEASED NAME	FIRST	WIDDLE	1/	AST	20 DATE OF DEATH	DAY YEAR 26 HOUR		
		Ethel	May	W.	hitby	100	1 00	19-82	125
3. SE	EX	4. R	RACE	5. DATE O		6 AGE (IN YEARS LAST BE	PTHDAY	IF UNDER 1 YEAR	
F	Pemale	(Caucasian	Sen.		l g	2 YRS.	MONTHS DATS	HOURS
70 B	TO BIRTHPLACE (STATE OR FOREIGN		CITIZEN OF WHAT COUNTRY	? 8		9 BALTIMORE CITY		Y OF DEATH	
-48	Maryland		U. S. A.	WIDOWE	DINEVER MARRIED	Talbot			
	CITY OR TOWN OF DE	ATH 11.	NAME OF HOSPITAL, NURS	ING HOME O		120 USUAL OCCUPAT	ION	12b. KIND (OF BUSINESS
X E	Saston		(IF NOT IN SUCH FACILITY, GIVE STREET		OSp.	Housewi:		0.00	
USU		SING HOME OR OTHE	ER INSTITUTION GIVE RESIDENCE BEFO	ORE ADMISSION)			LE	Hom	e
O IV	Maryland ATHER'S NAME	lal bot	Queen		13d INSIDE CITY LIMITS? YES NO X		ate 4	104	
0	James	MIDD	Stayton	n.	Sarah	WE	W	illia	lson
	WAS DECEASED EVER	(IF YES, GIVE WA		URITY NO.	17 INFORMANT	ADDR	ESS	DATE:	
	No		219142	2582	Mrs. Dorot	hy Darlin	18. 0)ueen	Anne
	Conditions, if ony gove rise to im couse (0), stati	mediote ng the	DUE TO, OR AS A CONSEOU	UENCE OF	E chair	CHE		3 4	78
TION	gove rise to im couse (0), state underlying cause PART 2. OTHER SIG	mediote ng the e lost.	(c)	DEATH BUT I	NOT RELATED TO THE TERM	ninal disease or con		VEN IN PART 1	0
TIFICATION	gove rise to im couse to, stati underlying causi	mediote ng the e lost.	(c)	DEATH BUT I	NOT RELATED TO THE TERM		20b. IF YE		o NGS USED
CAL CERTIFICATION	gove rise to im couse (0), state underlying cause PART 2. OTHER SIG	IMEDIATE ON THE CONTROL OF THE CONTR	(c)	DEATH BUT I	NOT RELATED TO THE TERM	200 AUTOPSY? YES NO	20b. IF YE	VEN IN PART 10 S, WERE FINDI FYING CAUSES	ONGS USED OF DEATH?
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	gave rise to im couse 10, stati underlying cause 10, stati underlying cause 19a DATE OF OPERA 21a. ACCIDENT WAS UN OR CONTRIBUTING 14 EITHER NOTIFY MED 21d. INJURY OCCUR WHILE AT WORK 11 WORK 11 WORK 120.1 certify that (I sow the decease 10 static 10 stati	IMEDIATE CON ATION AT	19b CONDITION FOR WHICE 19b TIME OF INJURY HOUR A.M. MONTH E P.M. 21e. PLACE OF INJURY	DOPERATION DAY YEAR 19 FARM, ETC)	NOT RELATED TO THE TERM WAS PERFORMED 21c. HOW INJURY OCCUR 21f. LOCATION STREET d that in (my) (our) opinion DEGREE ATTENDING	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJU. CITY OR TO. 10 19 79 depth occurred on the d	20b. IF YE IN CERTII YE IN CERTII YE IN CERTII YE IN ITEM IS IN ITEM IN ITEM IS IN ITEM	VEN IN PART 1: S, WERE FINDS FYING CAUSE: ES PART I OR PART 2: COUNTY 19 922 27 ond from the	ONGS USED SOF DEATHS NO STATE that (In (we) couses state SIGNED
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D _t topp			Belle 4 RACE	WI / SON 5. DATE OF BIRTH	20. DATE OF DEATH MONTH ANUARY 6. AGE / IN YEARS LAST BIRTHDAY)	18, 1982 6 A IF ONDER I VE AR IF UNDER 24 H
age 4 irector	L	Female	Cau	Jan 10, 1876		MONTHS DAYS HOURS M
Juneral d		RTHPLACE (STATE OR FOREIGN COUNTRY) Indiana	76. CITIZEN OF WHAT COUNTRY USA	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
by the fune filed within		EAS TON	(IF NOT IN SUCH FACILITY, GIVE STRE	AL HOSDITAL	170 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING L Legal Sec (Re	
filled in ould be	130.	STATE 13b COU	rother institution give residence before inty 130 CITY OR TO Bozma	WN 130 INSIDE CITY LIMITS?	13e STREET ADDRESS Cooper's Po	int Road
ompletely ond 2 sh	14 F.	ATHER'S NAME William	Wallace Cliv	rer 15. MOTHER'S MAIDEN N	MIDDLE	ekcox
on and comp		VAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (IF YES, G'	IVE WAR OR DATES)		ADDRESS Kander Wilson,	
equires that the death certiticate by a signed by the attending physician. Then please remave carbon papers. To buriol, cremation, or remaval. injury, or other traumatic event, the tinjury, or other traumatic event, the	NO	Conditions, if any, which gove rise to immediate cause to, stating the underlying cause last.	DUE TO, OR AS A CONSEO (c) CONDITIONS CONTRIBUTING TO	HSCVD	RMINAL DISEASE OR CONDITION GI	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
has bee permit. The prior was any	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATION WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO
ding physics certifical burial-training white training the section of the section	MEDICAL CE	? (a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ☐ CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 216 INJURY OCCURRED	ATH HOUR A.M. MONTH	DAY YEAR 19 211 LOCATION	JRRED (ENTER NATURE V) INJURY IN ITÉM 18.	
tol ar off OR: After or use as the f Health or	W	sow the decreased aligner	(AT HOME, STREET, FACTORY, OFFICE	1/26 195	CITY OR TOWN 10 1/28 In death accurred on the date and ha	19 1, the (1) we) I
by the horest part of the horest part of the horse per detached to the horse per part of		THE SIGNATURE	the body after death. OR PRINT)	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1/28/82
TO FUNERAL should be de with the State	22-	DONALD	T. LEWERS, M.	D. Eastor		601.
BP		Burial Burial ERAL DIRECTOR	Feb 1. 1.982	Middle town Pre	CITY OR TOWN	
(VRA 15, 4)	1/10	wester 600	mard, Dt. h	educto, Md	1002	0,

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